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ABSTRACT

Fourteen papers by educators, psychologists, and government officials address the history and current trends in special education in Scotland. Papers consider the following topics: the development of special education in Scotland since 1950, integration of secondary mentally handicapped students, the education of maladjusted children, teacher education, parental involvement, Scottish research, curriculum development, school medical officers, and future develcpments. (CL)

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SPECIAL EDUCATION IN SCOTLAND

Edited by
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INTRODUCTION

W B Dockrell

Special Education in Scotland makes up a complex network. No one volume could do justice to its range and variety. In this book we have simply tried to cover some major aspects of the services provided for handicapped children. We are aware of its many gaps and can only hope that the articles included here will stimulate those familiar with some other aspect of Special Education or some particular situation that they feel should be described to prepare a report for publication. In this way, a comprehensive record of Scottish provision for handicapped children will be built up.

This book begins with an overview by Mr Petrie who was HMI responsible for Special Education for 20 years. He traces the growth of provision from its origins in the middle of the eighteenth century through the various Acts which first made provision permissive and later mandatory to the present situation in the last quarter of the twentieth century.

Central to Special Education are, of course, the schools and classes, each different from the others to some degree. It has been possible to include only two reports, one on a class and one on a school. The class is interesting because it records the natural growth to integration into the mainstream of schooling that is occurring in many places. A separate segregated class has gradually been absorbed into its parent school to a point where it has been able to use all the resources and facilities of a large comprehensive secondary school and yet provide the necessary special help for its own pupils. The school described is inevitably more self-contained. It serves a large urban area in Strathclyde so there is a large concentration of children in need of special facilities and special help. The picture we have of this school is that of a visitor, a sympathetic outsider alert to special needs and special opportunities.

We have also included a description of the provision made for one growing kind of handicap — the maladjusted. Whether there are more maladjusted children than there were, whether we have better developed procedures for recognising them, or whether the schools have become less tolerant of the deviant is not clear. What is clear is that the demand for special provision for these children is growing.

Next, we have considered the parents and the teachers. We report first on the training of teachers because the need for systematic special training for teachers was recognised early. The

beginnings were slow and hesitant but now there is a comprehensive programme of preparation for the major aspects of handicaps in each of Scotland's cities. The chapter on parents describes in detail the programme that exists in connection with one local Authority but it also reviews a range of provision that now exists throughout Scotland.

Provision for handicapped children is not static. We do not use the old materials and the old buildings in the same ways. Research is adding to our knowledge of causes and our understanding of treatment. Our chapter on research describes studies now in progress in Scotland. The chapter on the training of teachers ended with a plea for a centre for the development of curricula and materials for handicapped children. Our chapter on development suggests the essential characteristics of a development programme for Special Education.

A major concern is the recognition of handicapped children, diagnosis of their difficulties and the specification of appropriate treatment. The legal procedure for this is ascertainment in Scotland. A recent study of practice is summarised in one chapter. Two others describe in detail two important components of ascertainment: the work of a school medical officer and that of the Child Guidance Clinic.

The pattern of the development of provision in Scotland has varied from Region to Region. A chapter traces the development in the areas of one local Authority, Aberdeen, and provides a conceptual framework for analysing the factors facilitating or hindering the growth of special facilities.

We have a brief chapter which outlines the position as it existed in 1973 — kinds of handicaps, numbers of children ascertained and the provision made. This is a changing picture. We hope the situation will improve at least gradually though we may fear that there will be very little increase in the resources provided for handicapped children in the near future.

Finally, we end with a prospect. An administrator who has been closely involved in the work of Special Education for some time looks into his crystal ball to see what developments we may expect in the next 25 or 50 years. It is an encouraging prospect. Technology can provide growing support for handicapped children and yet leave schools on a scale which is human and manageable.

We can look back with pride on the achievements of the last 50 years, let us hope that a successor volume to this published in 2027 will be able to do the same.

I

THE DEVELOPMENT OF SPECIAL EDUCATION IN SCOTLAND SINCE 1950

David S Petrie

The relationship between education and social change is a complex one. As an educational system develops so does it become institutionalised and its practice codified. Those who administer the system may be willing to change it. Yet, viewed in this light, education is seen as reactive, lagging behind the emerging social challenge. But once new educational concepts have got under way and received statutory implementation they alter the social situation that produced them. Education both reflects and modifies the attitude of society. The history of Special Education in Scotland since the Second World War illustrates, sometimes in a striking way, this interactive process. How profound and rapid the changes have been must be a matter for argument; the reply will depend on the indices we select. In crude terms of expansion, for instance, the answer would be unimpressive. In 1950 the percentage of pupils receiving Special Education was 1.31; in 1975 it was 1.15. The slight decline, however, can be seen as a sign of improvement. The ordinary educational system has been able to raise, albeit marginally, its capacity to absorb the deviant and disabled. Statistical evidence can be, at best, only what Eddington called a 'pointer reading'. There is no escaping value judgements and the existence of justifiably diverging views. For the parent of a handicapped child, aware of the most recent research findings but also of the lack of accommodation, equipment and trained personnel to implement these discoveries, new provision proceeds with agonising and unforgiveable slowness. To most historians and administrators the extent and rate of change in the last 30 years have been unparalleled. It will be useful to establish some perspective.

A general belief that the problems of the handicapped could at least be ameliorated by human effort has been slow to develop. The second half of the eighteenth century saw in Scotland some private efforts to educate the blind and the deaf, the most noticeable being that of Thomas Braidwood who, in 1760, set up as a proprietary venture a school for the deaf in Edinburgh. Various philanthropic organizations extended provision, still for the blind and the deaf,

throughout the nineteenth century. It was not until 1872 with the passing of the Education (Scotland) Act that there comes the first, almost casual, recognition of the State's duty to meet the needs of the handicapped where, at section 69, the provision as regards attendance is declared to include blind children. The Acts of 1890 and 1906 were, on the other hand, specifically devoted to the handicapped so that, by the turn of the century, school boards were empowered to make Special Educational provision for blind, deaf, epileptic, crippled and mentally or physically handicapped children. Reasonable equality of standards throughout the country lay in the future. The 1906 Act gave the local Authorities a power but not a duty to establish Special Schools or Classes and even after the full scale Education Act of 1908 the unit of educational administration continued to be the parish so that the catchment area was often not large enough to enable viable centres to be established. After the 1918 Act the county or large city replaced the parish as the unit; this change in basic administrative structure was an important factor in promoting the growth of Special Educational provision. By 1936 there were 47 classes and 62 schools. Legisiatively these remained apart.

From time to time acts of parliament, beneath their cautious and convoluted phraseology, embody genuine surges of democratic idealism. The Education (Scotland) Act, 1945 was one such; its concern to build a brave new educational world embraced the handicapped. To quote the Report of the Secretary of Scotland for 1966, "It was not until the passing of the 1945 Education (Scotland) Act that it was officially recognised that the broad purpose of education was essentially the same for handicapped children as it was for their more fortunate contemporaries. . . . The duty of education authorities to provide Special Educational treatment for handicapped pupils became part of the general duty to provide education for all children according to age, ability and aptitude."

The placing of Special Education firmly in the main framework of the system comes as early as Section 4 of the Act. Section 6 gives Education Authorities powers to establish Child Guidance Clinics and defines the clinics' functions as the study of handicapped, backward and difficult children, to advise parents and teachers and to provide where necessary Special Educational treatment within the clinics. Section 53 imposes on the Secretary of State the duty to make regulations defining categories of pupils requiring Special Educational treatment and Sections 54 to 58 deal, in the main, with the difficult and complex process of ascertainment. Section 143, 'interpretations section', states that Special Schools include Child Guidance Clinics and Occupational Centres. This latter clause gave

the Scottish Education Department a wider responsibility for certain aspects of Special Education than its English and Welsh counterparts.

The enunciation of broad legal and administrative principles is one thing; their implementation is quite another. The Education Authorities, beset with the immediate post-war problems, tended to delegate responsibilities for Special Education to the most junior members of the directorate; continuity of policy was difficult to achieve as the juniors ascended the promotion ladder. Other difficulties were of a more basic kind involving parental rights and responsibilities. Sections 54 and 55 of the Act proved difficult in some ways to interpret; but the Authority had the power to enforce the parent of a child to submit him to the Authority's medical officer for examination and to prescribe Special Educational treatment should the medical officer so recommend. The advice given as the result of the medical examination had to be communicated to the parent and the medical officer if required by parent or Authority had to issue a certificate against which the parent could appeal to the Secretary of State. Parental rights might thus seem to be safeguarded. Parents of handicapped children may, however, be themselves dull or deprived and are nearly always deeply disturbed by the child's condition. The Authorities, conscious of their statutory duties, were apt to couch their advice to parents in legalistic terms and to the outside observer the official handling of the situation could seem insensitive. Inevitably perhaps, attitudes varied. In some parts of the country the Authority would go to great lengths to persuade a Special School placement; in others a parental refusal was accepted in a somewhat laissez-faire way.

Section 56 of the Act had, in retrospect, unfortunate consequences. This enabled an Authority to exclude a child from an Occupational Centre which, as we have seen, was deemed a Special School, on the grounds of disability of mind. The wording of this section indicates that it was designed to safeguard both the profoundly handicapped child and the slightly abler children with whom he might otherwise have been associated. The result, in practice, was to create three categories of handicap, the 'mentally handicapped educable' who was taught in a Special School or Class, the 'mentally handicapped ineducable but trainable' who was provided for in Occupational Centres and the 'mentally handicapped ineducable and untrainable', the majority of whom found their way into mental deficiency wards. At the time not many pondered on what 'ineducable' meant. Still fewer seemed alive to the fact that to describe some human beings as 'ineducable and untrainable' was to place them in the evolutionary scale lower than sea-lions or performing fleas.

In the late 1940's, however, central government was not yet aware of the difficulties in the implementation and interpretation of the Act but was conscious of the need to gather together up-to-date expert opinion relating to all forms of handicap. Accordingly, in 1947, the Secretary of State remitted to the Advisory Council on Education in Scotland the task of reviewing provision for pupils suffering from disability of mind or body or maladjustment due to social handicap. The speed and sense of urgency with which the whole operation was conducted were impressive. Between 1950 and 1952 seven Reports were submitted to the Secretary of State. These were published separately, the first six each treating a major category of handicap and the seventh dealing with the administration of Special Education.

The seven Reports were the first comprehensive study of the educational problems of handicapped children in Scotland. Their wide range and the detail into which they enter make summary of their content impossible. Something of their flavour can perhaps be given. Despite the speed with which they were produced they were written in an eloquent, magisterial prose which makes them more attractive to read than the more cautious utterances of the Working Parties which dealt with more limited aspects of Special Education and which were published at longer intervals throughout the sixties. The Advisory Council lacked the time and resources to mount first-hand research but collated and evaluated the findings and views of the current experts; they established the parameters within which all subsequent discussion has taken place.

With the confidence common to pioneers the Advisory Council were willing to make a fair number of predictions. Not all have borne the test of time. The most striking miscalculation was in the field of physical handicap where the Report dealing with this category thought that special provision should be made for some 20,000 pupils; these included children deemed to be of 'lowered vitality'. At the time of the Report (1951) 3948 children were ascertained as physically handicapped. In 1974 the roll had dropped to 1087 and there was no indication of a real shortage of places. Another oddity, this time in the Report on *Pupils Who Are Maladjusted Because of Social Handicap* was the almost total failure to consider in any depth the provision of schools for the maladjusted. Four residential Child Guidance Clinics for the whole of Scotland would meet all needs. Large institutions for homeless and deprived children were reluctantly accepted as a necessity and the Council thought that primary schools should be attached to these. On the other hand the Council's insistence on the supreme importance of the family in the upbringing of children and the need

for expert social work intervention when parental care was lacking was of lasting value. The same Report gave considerable attention to approved schools which were, until the passing of the Social Work (Scotland) Act, 1968, the direct responsibility of the Scottish Education Department. This section is outside the remit of the present chapter but it, along with the many paragraphs on *Children Deprived of Family Life* reminds us that the traditional Scottish reverence for education could, on occasion, give it a bias towards 'social engineering' long before that phrase had become established. There is an endearing, almost Spockian quality about some of the Council's recommendations and admonitions. It is unlikely that any present day, large scale S.E.D. Report would devote half a page to the emotional problems of adopted children and how best they could be acquainted with the fact of their adoption.

One of the most interesting of the Council's suggestions for future administration was that a central body should be set up to plan and administer the education of all handicapped pupils. This notion, which was found unacceptable by the Secretary of State in 1955, has been revived from time to time but always rejected, partly for financial reasons but mainly because it has been thought to be an obstacle to Special Education's being regarded as an integral part of the ordinary educational system.

Departmental response to the recommendations of Committees and Working Parties may be thought of in two stages. In the first place the suggestions and underlying principles set out in the Reports are considered in an official circular which indicates the degree of official acceptance of the recommendations; the circular may put forward modifications or counter proposals. The second stage is more protracted and blurred round the edges. There are innumerable meetings between the central and local government administrators, between the professional advisers on both sides; the reactions of the schools and of various interested bodies are taken into account. At the first of these stages S.E.D. Circular, No. 300, rose to the massive challenge presented by the contribution of the Advisory Council. Paragraph 4 of the Circular summarises concisely and clearly the place of Scottish Special Education within the main system. "Special Educational treatment should not be thought of mainly in terms of the provision on a large scale of separate schools for handicapped children. . . . It is recognised that there must continue to be situations where it is essential in the children's interests that those who are handicapped must be separated from those who are not. Nevertheless as medical knowledge increases and as general school conditions improve it

should be possible for an increasing proportion of pupils who require Special Educational treatment to be educated along with their contemporaries in ordinary schools. Special Educational treatment should, indeed, be regarded simply as a well defined arrangement with the ordinary educational system to provide for the handicapped child the individual attention that he particularly needs."

As the Circular notes, the Report had points in common and it deals with these matters of general import in the opening paragraphs. This section encapsulates the Departmental reaction, its way of thinking which was to influence Special Educational policy for many years. Paragraphs 5 to 7 deal with the prevention, the ascertainment and the incidence of handicap. These three aspects may be considered together.

The Department was anxious to present a positive attitude. Some handicapping conditions could be prevented, others ameliorated. Health and education must cooperate closely. The pre-war incidence of physical handicap had been dramatically reduced by medical intervention. This established a guiding principle. A basically similar approach, i.e. a preventive one, should be taken to speech defect, maladjustment and what was rather vaguely called 'educational disabilities'. Emphasis clearly fell on the early detection of handicap. The Department was realistic. There was frank recognition of the element of subjectivity in any decision on Special School placement. Authorities could and would vary in ascertainment procedure but fairness and reasonable uniformity of practice could best be obtained by setting up ascertainment teams of the kind suggested by the Council. This notion of team ascertainment has been stressed and elaborated in nearly all subsequent Reports on Special Education. It is interesting to note that, even at this early date (1955), there was explicit insistence on the value of cooperation with the Social Work Authorities in ascertainment and provision.

The Department doubted the general incidence quoted for the various handicaps in the Reports, making the point that such figures should not be accepted uncritically but considered by each Authority in relation to its own area. Reliable data could best be arrived at by the Authority's experience of individual cases and by periodic surveys.

Ascertainment, however effective, was only the preliminary stage. In Paragraphs 8 and 9 the Department looked at the provision that might be made for children deemed to need Special Education. The field was immense, arguably coterminous with that for normal

children and complicated by the problems imposed by the handicaps. Traditionally, too, the Department does not detail curricula or methods. Generalizations were inevitable. Among the more significant of these was the Department's approval of the emphasis the Council had given to Special Education's having a secondary as well as a primary stage. It would have been wiser for both Department and the Authorities to have followed up this point with greater zeal and persistence. Most Special Schools were slow to develop secondary type curricula and methods of school organization in line with the awakening adolescent interests of the older pupils.

The Council had, in its Reports on primary and secondary education, tried to broaden and liberalise the curriculum and maximise the opportunities for individual learning; these developments were thought to have great significance for Special Schools. While accepting this, the Department hedged its bets somewhat by insisting that there was "still a very important place for group and class activities". More interesting was a half sentence in the Circular, ". . . it has been found that, with certain severe handicaps, use can still be made even of methods that are sometimes regarded as formal and old fashioned." The writer could hardly have been aware of how far the learning theorists would push the implications of this defensively framed assertion. Indeed, in a sense, "formal" and "old fashioned" no longer make a kind of compound adjective but are at the opposite ends of the spectrum. The highly formalised learning programmes for the profoundly mentally handicapped, involving the concepts of behaviour modification and operant conditioning, are of recent development. They have tended to remain the tool of the psychologists and can be found only at an experimental stage in one or two units in Scotland.

Some Council Reports favoured direct vocational preparation for senior pupils — that on mentally handicapped children thought that each boy should be encouraged to be proficient in at least two manual activities in school. Paragraph 10 of the Circular was discouraging. A curriculum with a vocational 'flavour' was a possibility. But there was to be no direct training for specific vocations. The decision was wise. The training in Special Schools did not prepare pupils for the limited, repetitive tasks they would face on the assembly line. Tailoring was one of the traditional tasks taught and in 1958 at least one school for the mentally handicapped still insisted that every boy had to hand sew a pair of trousers for himself before he left school.

Paragraph 11 makes favourable but rather cursory and obvious

comment on the work of the Youth Employment Service. Subsequent developments throughout the country have been uneven but in many ways interesting. Some researchers have sharply criticised the help given to handicapped leavers but the picture is blurred by the changing economic conditions. The ineluctable fact remains that the handicapped find employment difficult when times are hard.

Paragraph 12, which is headed *Research and Information*, tries to tidy up some loose ends. The customary obeisance is made towards the need for more research. This was not followed up effectively then or for some time to come. The 1966 Secretary of State Report admitted as regard Special Education research, "So far the output has been small and the research not always directed to the area of main need." The next ten years have seen some useful contributions but hopes for a coordinated strategy on a national scale remain unfulfilled. Paragraph 12 also discussed the improvement of teacher training, a topic which will be dealt with elsewhere in the present publication.

The bulk of the Circular dealt with each of the Reports in detail and cannot be discussed here. We may except Paragraph 41 where the Department referring to a regulation it had made the previous year, 1954, reaffirmed its decision not to include, as suffering from a disability of mind, pupils affected by absence, change of school or faulty teaching nor yet pupils who had a specific subject disability. This distinction between 'Special' and 'remedial' education has remained.

The 1954 regulations to which reference has been made were those laying down definitions of the nine statutory categories of handicap. These were pupils who were deaf, partially deaf, blind, partially sighted, mentally handicapped, epileptic, suffering from speech defect, maladjusted or physically handicapped. The purpose of these definitions has to be understood. They do not purport to have clinical or educational significance; but read in conjunction with the 1956 Schools Code, which prescribed maximum class sizes for the various categories, they ensured favourable pupil-teacher ratios for handicapped children. Within recent years, however, the whole notion of categorization has come under criticism. Discussion of this will be postponed meantime.

At the same time as the dialogue between the Advisory Council and the Scottish Education Department was taking place yet another Working Party Report was being prepared. This was on a coordinated plan of provision for handicapped children and arose from a conference held in Edinburgh in 1950 under the auspices of

the Association of Directors of Education and the Scottish Council for Health Education. The Working Party was composed of well-known and experienced professional workers and administrators; its membership overlapped slightly with that of the Advisory Council. The Report of this Working Party appeared only in duplicated form as late as 1958. The timing had been possibly unfortunate since the findings had had to be delayed until the effects of the 1954 Regulation, Circular 300 and the School Code, 1956, could be taken into consideration. Much of this Report simply summarised what the Advisory Council and the writers of Circular 300 had said. It did, however, interpret the Advisory Council Reports in relation to the statistics for each Education Authority area, thus drawing attention to some of the patent deficiencies. It was also painstakingly scrutinised by the Special Education Panel of the inspectorate which had been formed in the same year (1958) and had some influence on that body's early thinking.

By the end of the fifties the strategic thinking and the general surveys that had gone on since the end of the war had brought home to those responsible for Scottish Special Education the magnitude of their task. Expectations had been raised, areas of uncertainty, ignorance or failure exposed. In civil service planning jargon there were 'roofs over heads' for the more common handicaps; but the roofs, for the most part, were over old-fashioned, inadequate buildings. Trained teachers were in short supply. In eighteen areas where the inspectorate reckoned that the staffing position would permit of team ascertainment they found a situation of unstandardized procedures, confusion of role and duplication of testing. The Authorities were themselves unhappy and in March 1960 representatives of the Association of Directors of Education met S.E.D. officers to ask for official encouragement and backing for further efforts. Plans for a series of high level conferences were eventually discarded and on the advice of the Department's officers it was decided to try to obtain a more accurate measure of the demand for Special Education throughout the country. This would involve further study of the criteria of ascertainment. Only when the size of the problem was known, claimed the Department advisers, would it be possible to devise adequate measures to meet it.

Between 1960 and 1967 four Working Parties were set up to consider what guidance could be given to Education Authorities in carrying out the duties of ascertainment; these looked at the problems of ascertaining children requiring Special Education because of mental handicap, maladjustment, auditory and visual handicap. The membership of each Working Party varied, being

largely composed of specialists in the handicap under consideration. The tone of these Reports was eminently cautious. This may have been partly because civil servants chaired the Working Parties and wrote the greater part of the findings, but it was also because the expert committee members and witnesses vied with each other in stressing the complexity of decision-taking and the lack of sure, simple criteria. The Report on *Degrees of Mental Handicap* admitted, "The best we can hope to do is to use objective criteria as fas as they can be used to limit the area of subjective judgment."

The Reports hardly captured the public imagination nor quantified precisely the needs of the handicapped. They did all accept that certain groups had to be distinguished for the practical purpose of ensuring that each child got the education most suited to him. They underlined yet again the need for team ascertainment. As regards the rarer forms of handicap they suggested a hierarchy of ascertainment units so that, for instance, only Glasgow and Edinburgh should set up teams for the assessment of the educational needs of blind children, these teams being available for consultation by any Authority in the country. They eroded to vanishing point any belief that handicapped children could be tidily classified on a Linnaean type basis.

It is difficult to chart the flow and direction of educational thinking but some twenty years after the 1945 Act a number of different forces were combining to bring about a significant shift in public opinion. Parental associations had gained in experience and status; much of what they said could be taken as constructive suggestion and not dismissed sympathetically as anguished protest. The basic research of workers like Tizard and O'Connor had altered what we meant by 'educability'. The educational psychologists themselves had demonstrated the dangers of uncritical acceptance of psychometric measures. As had been said in *Degrees of Mental Handicap* the intelligence quotient might be "invaluable as a single item contributing to the evidence assembled in the course of a thorough and comprehensive examination" but it was "too imprecise in its implications to serve as a substitute for critical assessment of all the factors influencing individual cases."

By the end of the sixties it seemed to the Department that the time had come to consolidate and give statutory weight to the recommendations of the experts and the views of the parents. A large part of the 1969 Education (Scotland) Act was therefore devoted to amending the existing legislation which governed the ascertainment of handicapped children. Special Education was

redefined as, "education by special means appropriate to the requirements of pupils whose physical, intellectual, emotional or social development cannot, in the opinion of the Education Authority, be adequately promoted by ordinary methods of education." This wording replaced the previous definition which involved the concept of a fixed 'disability of mind or body'.

Secondly, with the importance of early ascertainment in mind the minimum age at which a child could be ascertained by the Education Authority was abolished. Appropriate learning patterns could thus be established in infancy.

Thirdly, the Act was so worded as to make it clear that the decision to ascertain a child was not a medical one only. In every case reports of psychological and medical examinations must be considered and — where possible — the views of the parent and the child's teacher.

Fourthly, the widely held view that ascertainment is a continuing process was given statutory embodiment. The Education Authorities had to keep under review any case where it had been decided that a child required Special Education and the parent was given a right to ask for a review and to appeal to the Secretary of State against a decision following a review. As a consequence of points three and four the Special School inspectors as well as the Department's Medical Officer were actively involved in appeal cases.

Fifthly, it became the duty of an Education Authority to provide a Child Guidance Clinic — previously they had been only empowered to do so. One of the prescribed functions of the Child Guidance Service was to advise the local Social Work Department regarding the assessment of the needs of children in whom the Social Work Department had a professional interest.

It may be added here that, after much discussion, the Department decided not to abandon the statutory categories of handicap instituted in 1954. The feeling was more that the time was not yet ripe than that the categories were immutable or indispensable.

Since 1945, as we have seen, Junior Occupational Centres came under the educational umbrella. The extent to which they benefited from this was arguable. The very term 'occupational' connotes limited expectations of potential and achievement. Though 'Special Schools' within the meaning of the Act, the centres with very few exceptions were not staffed by qualified teachers. In 1950 the National Committee for the Training of Teachers set up, at the instigation of S.E.D., a short 'conversion' course for instructors of at least one year's experience in Jordanhill. This was of the

'sandwich' type with two short summer courses separated by a year's practical experience under college supervision. Efforts to establish a one-year full-time course fell through in the face of general lack of interest. From 1961 to 1971 a revived demand for a national course was again met by Jordanhill's providing a course very much on the lines of that set up in 1950. All candidates had to be seconded by their Education Authorities. There was no academic entrance qualifications. In 1969 it was noted that 98% of the instructors were women and 95% were over the age of thirty; this staffing structure implied that the provision of a kindly mothering environment for the severely mentally handicapped was essential. No one disputed this. But the evidence had accumulated that it was not enough. Concern was felt, too, for the allegedly 'ineducable and untrainable'. These children were in Day Centres (the responsibility for which had been transferred from the local health authorities to the Social Work Departments in 1968) or in mental deficiency hospitals. In the latter type of provision the situation was more complicated since some hospitals had schools which catered for both the 'educable' and the trainable and had a fair proportion of qualified teachers. By the end of the sixties the general position was more than untidy; it was untenable. In 1969 the Secretary of State set up a Working Party to consider the training of staff of the Education Authority Junior Occupational Centres and the Senior Training Centres for which the Social Work Departments were responsible. Its remit was also to consider how far this training might be suitable for the staffs of the Day Care Centres and of the staffs engaged in the training and education of children in mental deficiency hospitals. Here, a little arbitrarily, we shall confine ourselves to considering how children below sixteen were affected.

The Report of this Working Party was not published until 1973. We have arrived at a time when the demarcation between history and current events is blurred and it is no longer possible to make pronouncements with the maturity and certainty of judgment which comes from hindsight. Only the most significant of the Working Party's recommendations can be noted along with the first attempts at implementation. No child was to be termed ineducable or untrainable. Teachers would be generally employed in Junior Occupational Centres, Day Care Centres and mental deficiency hospitals and their specialist, post-basic training would be revised in content and structure. The post of instructor would be retained, thus producing a two-tier staffing structure in centres dealing with the severely mentally handicapped. Instructor training, it was

suggested, should be extended to two years. The last named recommendation as modified by S.E.D. produced controversy. Training courses of one year only would be established in F.E. colleges and not in colleges of education as the Working Party had proposed. Two such pioneer courses were set up after intense effort by a SCOTEC sponsored committee. Many experienced instructors, however, who thought that their industry, ingenuity and efforts at self-improvement had been ill rewarded, felt hurt and insecure. But not many would disagree with a fundamental principle as set forth by the Working Party, "If, therefore, by education we understand an individually orientated process designed to enable each person to realise his potentialities to the greatest extent possible, without any presumptions as to what the outcome might be, it is no longer appropriate to describe *any* person as ineducable. In these terms, the most profoundly handicapped has as much right to education as the most able." In 1974 the Education (Mentally Handicapped Children) (Scotland) Act gave statutory recognition to the basic tenets of the Working Party. Henceforth no child would be designated ineducable or untrainable and the Education Authorities would take over from the Social Work Authorities the duty of making provision for the very severely mentally handicapped child.

The Working Party on the training of educators of the severely mentally handicapped overlapped to some extent with that on the secondary education of the physically handicapped. Not all of the latter body's recommendations broke new ground. There were references to team ascertainment and continuing assessment. On the other hand the Report, published in 1975, was the first to be wholly concerned with the secondary education of a category of the handicapped; though reserving a place for separate Special Schools it laid great emphasis on integration, suggesting that if a Special School were deemed necessary it should, if possible, be placed near or within the curtilage of a suitable secondary school; it devoted considerable attention to further education proposing one residential college for the severely disabled and that systematic efforts be devoted to making the transition from school to ordinary further education as easy as possible for those with a relatively mild handicap; and it was the first Working Party to be chaired by a person who had experienced and striven to overcome the efforts of a handicapping condition, Mr Peter McCann, Lord Provost of Glasgow at the present time.

Some two years previously, in November 1973, a committee had been set up under the chairmanship of Mrs Mary Warnock,

Research Fellow in Philosophy at Oxford University, to "review educational provision in England, Scotland and Wales for children and young people handicapped by disabilities of body or mind, taking account of the medical aspects of their needs together with arrangements to prepare them for entry into employment; to consider the most effective use of resources for these purposes and to make recommendations." To Scottish ears the reference to disability of mind or body' has an old-fashioned ring but simply to quote the remit is to indicate the ambitiousness of the endeavour. The Committee is still sitting. Whatever tentative conclusions it may have reached are confidential. The volume of evidence that has poured in is enormous and shows the significance that is being attached to its findings. No other comparable body, on which Scotland was given, as it were, proportional representation, has taken this synoptic view of Special Education in the United Kingdom.

Since the war the volume of legislation relating to the education of the handicapped in Scotland and the depth and sophistication of the surveys that have resulted in and from the various enactments are unparalleled in the country's history. But the satisfaction felt by the pupils, teachers and parents involved is less than the catalogue of administrative advances might lead one to expect. What is initiated at the centre may be thwarted in various ways and at various stages of implementation. It can be salutary rather than disillusioning to look at some of the sources of dissatisfaction and the problems faced. There are those impervious to legislation and associated with the uglier side of human nature. Some three millennia ago, as Hodgson points out,[1] the Hebrew law-makers thought it necessary to enjoin, "Thou shalt not curse the deaf" (Leviticus XIX.14). In the spring of 1976 the Glasgow School for the Deaf was broken into. Among the graffiti left was one which said simply, "Kill the Dumbies."

Less distressing but equally intractable are the problems presented by geography and population distribution. The former county of Sutherland had an area of 2028 square miles and a total school population of some 2400. An all-purpose, all-age Special School with a catchment area of 200 square miles would draw in three or four pupils. Regionalization should facilitate Special School administration but will not solve such logistical difficulties.

As standards rise so do levels of expectation. To take a crude example. Aberdeen City Authority opened Beechwood School in

1. Hodgson (1953), p 70.

1954 to house 500 handicapped pupils, expecting that adjacent counties would send children. These hopes were disappointed and the roll did not approach the official maximum. Some fifteen years later, when the number of pupils averaged about 350, permission was sought and given to add a new annexe as the original accommodation was thought insufficient. The expansion and contraction of categories also present accommodation problems. The fall in the number of physically handicapped pupils has resulted in the closure of one residential school at the end of the 1974-75 session. Between 1956 and 1974 the number of pupils in schools for the maladjusted rose from 41 to 439 but in spite of this tenfold increase the demand for more places seems unending.

Traditional ways of thinking alter over the years. The concept of categories of handicap, to which so much consideration has been given, seems to be in a state of flux; it seems inevitably to involve a degree of pigeon-holing and a more acceptable approach might be simply to start off by establishing the child's individual pattern of needs and then devise a means of meeting them. Changes in practical provision to match this theory have yet to evolve. The idea of team ascertainment has been promoted assiduously over the years. The time may be coming when it should be subjected to critical scrutiny. What variations have developed in team structures? What are the group dynamics involved? What proof is there that group decisions are more valid than those made by individuals?

Parents with a handicapped child need long-term support from a number of sources. Statutory bodies, of which the Education Authority is only one, are involved. Publications like *Living With Handicap*[2] have produced massive evidence that the community has not developed the skills to coordinate effectively the efforts of the agencies concerned. It may be that, in this area, posterity will see the needs of the handicapped in the seventies were the most pressing and that improvements, if not final solutions, were slower to emerge than was absolutely necessary.

Bibliography

HODGSON, K N (1953), *The Deaf and Their Problems*. Watts.
NATIONAL Bureau for Cooperation in Child Care (1970) *Living with Handicap*. NBCCC.

2. National Bureau for Cooperation in Child Care (1970).

II

INTEGRATION OF MENTALLY HANDICAPPED PUPILS IN THE WORK OF A SECONDARY SCHOOL

Elizabeth Pate

To this part of south-west Scotland, the Machars in Wigtownshire, I have no doubt that many people, working in the field of Special Education, would consider that provision came late, since it was not until 1962 that a class of approximately 16 mentally handicapped pupils (age range 7-16) was formed, and it was attched to a primary school. There is a secondary school, the Douglas Ewart High, within walking distance, and integration made a tentative beginning in 1963 when art for pupils 12+, and gardening for boys 12+, were included in the Special Class timetable. These subjects were taken by the secondary specialist teachers. I believe the educational psychologist was instrumental in creating this first development.

By 1970, when the class numbers had grown sufficiently for the under-twelves to be accommodated in Wigtown Primary School, while the over-twelves remained at Penninghame, the range of subjects included art, woodwork, physical education, mothercraft, cookery, gardening and forestry. To these the pupils went out in twos and threes, depending on which year they were attached to. In addition, the visiting primary specialists in art and physical education took the class one period per week, but this duplication was discontinued the following year.

In the spring of 1972, it became obvious that the classroom used by the handicapped pupils would be required for a large primary intake, and preparations were made to move the Special Class to the secondary school. I visited the head teacher, and during our first discussion, he said, "Of course, your third year pupils will take part in the 'education for leisure' afternoons." That sounded encouraging. We moved during the last week of term, and although not officially on the roll, corporate integration began when we were invited to attend the prizegiving ceremony when one of the Special Class girls was awarded the prize for mothercraft in competition with normal pupils. In the school itself we were part of a new department which had been formed on our arrival and entitled

Remedial Department. The principal teacher of remedial subjects is head of the department and we are housed in adjoining rooms. There was no reluctance on the part of teachers or pupils to accept us into their midst, and now, four years later, only certain staff and senior pupils can remember our arrival at Douglas Ewart High School.

The move meant a further extension of the curriculum, e.g. formerly two periods of art were offered per week — these increased to five; home economics for S2 and S3 included needlework as well as cookery; technical subjects brought in metalwork as well as woodwork; S4 girls joined with pupils not following a certificate programme class who had a block of six periods of home management one morning a week, when outside visits were possible, e.g. to a factory or creamery, or when experience might be given in the school-kitchen or local hospital. Integration was generally smooth, and except for one pupil who showed signs of emotional disturbance in the secondary school, was accepted by the pupils. Curriculum-wise, only in one area did a member of staff ask to have Special Class pupils withdrawn because their reading ability was not advanced enough, nor was their comprehension sufficient to cope with class discussion. As well as going out to classes with their peers the class, as a group, enjoyed art and music. The teachers of these subjects found it rewarding to work in this way.

During our first term at the Douglas Ewart, the timetable underwent numerous changes, but staff cooperation was excellent. I was given a free hand to approach heads of departments with details of necessary alterations, and matters were worked out to everyone's satisfaction. At this point I would advise anyone thinking of setting up a Special Class within an ordinary school to beware of timetabling before it is too late. It is unfair to expect integration of pupils and at the same time say "Let's see how the classes go. We'll place you as soon as we can." The timetable showed firstly the subject classes, secondly television and radio programmes, and finally the basic subjects. This meant that the number of pupils in the classroom would vary from period to period in all probability, but this aspect of the secondary situation brought with it the advantage of variety for pupils and teacher, and sometimes an easing of tension.

Integration was further helped by the 'education for leisure' classes provided for all S3, and S4 pupils not following a certificate programme one afternoon per week. A range of summer and winter activities was offered, e.g. tennis, badminton, chess, woodwork for girls, cookery for boys, guitar playing, netting, garden and greenhouse, sailing, outdoor sketching, community service. Even so, a

handicapped pupil may be unable to benefit from or take part in such activities.

To this end, I enlisted the aid of a few voluntary helpers. The ladies were interested in crafts, floral art, sweetmaking, etc., while the gentlemen liked to teach the boys to play whist. Those same gentlemen were members of the Retired Men's Club and here was one of our links with the community. This informal approach to 'education for leisure' meant that class numbers could be flexible, and a few places were made available to girls whose own 'education for leisure' class was unable to function, e.g. teacher's absence, and also to a few girls who, like the Special Class pupils, found it difficult to pursue most of the listed activities. This brought a two-way integration, and since it took place only once a week, added interest to the Special Class. It should be mentioned that S1 and S2 handicapped pupils, unless timetabled for a subject class, also took part in these weekly afternoons.

The following year, 1973, informality gave way to a regular basis for the 'weekly activity' when the class was joined by 16 mixed ability S3 boys and girls for eight weeks at a time. At the beginning of the session, all S3 and S4 pupils not following a certificate programme were presented with a list of 12 activities from which they were allowed to choose five. The variety offered by the 'weekly activity' class suited those who wished a change from following an activity for eight consecutive weeks. (See Appendix A and B for choices offered.) Local people may be invited into the classroom to speak about a hobby or leisure-time interest, etc., or we take part in an outdoor pursuit. The plan for these 'education for leisure' classes has been successfully followed for three years now, and pupil integration is an accepted part of it.

At the beginning of session 1974-75 an S3 mentally handicapped pupil asked for extra art and was granted additional classes within the normal stream, provided he could be treated as an ordinary member. He made the most of this opportunity and his example led me to look at the possibilities for others in S3 and S4. Decisions are taken in the light of the end-of-session reports from subject teachers and in this way positive interests are strengthened. I believe it is only fair that the handicapped pupil should be able to exercise a degree of choice at the end of second year, like his peers. I have had the necessary cooperation of the heads of departments for this further integration to take place. No extra time is offered, however, if a pupil shows all-round disinterest.

Since we are part of the Remedial Department, S1 and S2 pupils are timetabled for technical, home economics, art, music, rural

science and physical education (games, gym and swimming) with their peers in the remedial class. S3 and S4 take similar subjects, but enjoy extra time in special interests — still with their peers, but now outwith the remedial stream. A further widening of choice appears probable for fourth year this coming session (1976-77) when girls may opt for catering, food and nutrition, fabrics and fashion or general domestic; boys will be offered building, agriculture, rural science (gardening and forestry), art, motor engineering, woodwork and metalwork. The proportion of time spent by S1 and S2 pupils on subject classes is approximately 40%; by S3 50%; and by S4 55-60%.

There are four aspects of integration which we have always put into practice as a matter-of-course, school uniform, transport, meals, and assembly. Incoming pupils are issued with a list of uniform and equipment necessities, and behind-the-scenes help is given to everyone who has difficulty in obtaining the essentials. No 'special' transport is laid on so in practice the length of the school day is the same as that of the ordinary pupil. School meals are taken at the same time and with the rest of the school, and similarly the Special Class is expected to attend morning assembly.

An important pre-secondary link we enjoy is with our three feeder Special Classes, each situated in a primary school some distance from us. With their peers at the transfer stage, they visit the school in June and are shown around by ourselves. They may also join us for a Christmas entertainment and summer outings. Since the Douglas Ewart owns a 42-seater bus and a minibus, it is an easy matter to arrange an outing or a visit. To this end we make frequent local visits in Galloway, to Ayrshire and Dumfriesshire, to Glasgow and Edinburgh for interesting events, and to Clyde Coast resorts.

Outings take place also with our next door neighbours, the remedial classes. Then preparation and follow-up may be done on a joint basis. We share with them certain items of equipment, e.g. television set, tape-recorder, record-player, so there is a steady two-way flow of intercourse.

This year has seen the class being chosen by an S6 girl as part of her project on a youth leadership course. Since she was allocated to us, by the Guidance team, on an 'education for leisure' afternoon, we gained as well. In addition an S4 girl, doing an 'aid within the community' course, came to us one afternoon weekly, and gave help as directed.

A member of the Guidance staff visits the Special Class on average once a fortnight when pupils' progress and difficulties may be discussed. S1 and S2 class members are invited to and take part in

the twice-weekly discos which are organized by a teacher of Guidance, helped by prefects.

A continuing link is maintained with the careers officer attached to the school, and as for normal pupils, work experience is arranged for S4 pupils in their last term at school.

Further school integration took place when the school magazine convener asked the Special Class to submit articles, and for three years now we have had the pleasure of seeing some of these in print.

On the basis of the end-of-session comments by subject teachers, mentioned earlier, a meeting was held in August 1975 of those staff involved in teaching the Special Class. This planned discussion with colleagues was interesting and useful and will be repeated this coming session. Two years ago a full staff meeting was addressed by the educational psychologist and the principal of the Remedial Department on *Remedial and Special Education and Related Disabilities*.

Parental involvement is probably the most elusive element of integration. This is a school in a rural setting with 950 pupils drawn from as far away as 20 miles. Families with no convenient bus service, no car or telephone, sometimes with little interest in the handicapped pupil's schoolwork, and complacent while their child is at school, may make little or no effort to have dealings with the school. Evening meetings seem to have little appeal, and as an experiment a joint bus outing of primary and secondary Special Classes with relatives and friends was arranged. Socially, this was successful.

The annual class coffee morning, on the other hand, attracts interest and support from parents and well-wishers. It began in 1971 with a need for a small fund to be used as the daily or weekly situation in class demanded. It was organized by a group of friends and was actively supported by the local community. On moving to the secondary school, our scope was increased because of the interest taken in this venture by the art, technical, home economics and rural science departments. Pupils and staff throughout the school are volunteer helpers, while the handicapped pupils man stalls, etc., working alongside an adult if necessary. This opportunity is taken to display pupils' work from the various departments. The goodwill shown here by the public is further evinced by offers of help with supervision on outings; speakers and demonstrators in the classroom; and friendly interest.

Community awareness, too, is shown by our links with the Evergreen Club, the Retired Men's Club, visits to the local hospital and an Eventide Home. Shopkeepers are helpful, and patient, and the regional branch library is used regularly. The school library,

which is presently being built, will doubtless be also used in the future.

When Phase II of the Douglas Ewart High School was at the planning stage in 1973, a sum was made available for the provision of a building for the Special Class. However, we decided on closer integration and our class will have a room in the centre of this new block, and the outbuilding will be incorporated in the new library.

This account of the integration of handicapped pupils in the work of a secondary school has obviously many sides to it. Facts and figures revolve around pupils, and from observation I have found it to be presently a fact that self-projection comes more easily to handicapped adolescent boys than to girls. Although those who direct these matters encourage integration, much depends on the attitude of the handicapped person himself, and sometimes even on his ability to tolerate the slights of others. Each Special Class pupil has a problem, but this positive approach to integration gives him a chance to be treated as a person who matters. As a former pupil said when trying to think of a title for our class newspaper, "We're the Special Branch, Miss!" I like to think that, in addition, we are an accepted limb of the school.

Appendix A

EDUCATION FOR LEISURE PROGRAMME, DOUGLAS EWART HIGH SCHOOL, NEWTON STEWART

1973-74[1]	1975-76[2]
Badminton — Tennis	Archery
Bridge	Badminton
Chess	Bowling
Community Service	Bridge
Cookery (Boys)	Campcraft
Drama	Canoeing
First Aid	Chess
Orienteering	Cookery (Boys)
Photography	Crafts
Sailing	Cricket
Weekly Activity	Drama
Woodwork (Girls)	First Aid
	Garden and Greenhouse
	Golf
	Hockey (Boys)
	Military Modelling
	Music (Guitar playing)
	Nature Club
	Orienteering
	Sailing
	Shellcraft
	Social Dancing
	Table Tennis
	Tennis
	Typing
	Weekly Activity
	Woodwork (Girls)

1. Choice of five per session offered to all S3 and S4 pupils not following certificate programme.
2. Choice of four per session offered to all S3 and S4 pupils.

Appendix B

EDUCATION FOR LEISURE PROGRAMME, DOUGLAS EWART HIGH SCHOOL, NEWTON STEWART

Weekly Activity Programme Ideas Used 1973-76

Beekeeping
Carpet Bowling
Christmas Crafts (Girls)
Driftwood Sculpture
Equestrian Centre — visit and lecture
Fellowship Entertainment (Senior Citizens)
Forest Walk
Gem Museum — visit and lecture
Green Bowling
Horncraft
Introduction to Angling — including casting, fly-tying, and suitable pools on the Cree (Boys)
Local History — illustrated talk
Local Tourist Board Film and Slides
Pet Show and Talk from Veterinary Surgeon
Pony Trekking
Piegon Fancier — talk and visit
Record Session plus Social Games
Royal Observer Corps — illustrated lecture
Royal Observer Corps — post visit
Skin-care (Girls)
Soft-toys (Girls)
Stable Management
Walk About — Local History Follow-up
W.R.V.S. — illustrated lecture

III

DESCRIPTION OF AN URBAN SPECIAL SCHOOL -- THE MARY RUSSELL SCHOOL, GLASGOW

Jean Reid

By definition, there is no such thing as an ordinary Special School. Each one is a one-off job, evolved to meet the needs of a unique group of children with a wide assortment of problems.

Some Special Schools are, however, more typical than others. The Mary Russell School in Paisley is as representative as they come, taking in pupils of all ages with every type of physical handicap, except total blindness, as well as children who are mentally handicapped. Inevitably, a certain number of the youngsters also show signs of the third type of recognised handicap, maladjustment, although this is not the reason why they are there.

The school is, fortunately, typical in that it was built for its purpose less than a decade ago. Set just off a busy road in Scotland's biggest town, not far from the boundary of the biggest city, it retains a remarkable air of detachment. All the ground-floor windows open onto play space, and there are glimpses of greenery from every window.

Inside, the atmosphere of calm prevails. It is difficult to believe that over 300 school-age children inhabit the building. Even when the arrive in their special buses, there is no noisy eruption in the corridors. There is a certain bustle to be heard, but no raised voices: their tone of soothing cheerfulness has nothing to do with the imposed quietness of the average school.

It is only when you open the classroom doors that you see all that is going on. In the cookery room, some secondary girls are tidying up after yesterday's big effort — a special tea for visitors, with all the goodies produced on the spot by pupils. The left-overs, neatly packed for storage, are shown off with pride — succulent sausage rolls and meticulously decorated cakes that taste as good as they look. The teacher draws attention to the painstaking work of one pupil whose difficulties are clearly familiar to every member of staff, and all share a marvelling delight in her achievement.

Just along the corridor, a small group of children with severe physical handicaps are finding release in the water. The school has

its own swimming pool, big enough for learners as well as hydrotherapy, though the 'real' swimmers are taken to the local baths by the P.E. teacher. For the chairbound, however, the pool offers treatment and diversion, as well as the hope of gaining a coveted swimming award, assessed on a scale which takes account of the handicap.

The physiotherapist who takes them to the water once a week is only one of the specialists who come regularly to the school to give a supporting service. The physically handicapped department, catering for around 80 pupils at present, is a single-storey building, linked to the practical rooms and administrative block by a medical suite. There are two trained nurses on the full-time staff, so that the physical needs of the children can be attended to at any time, and although their first responsibility is for the physically handicapped, the mentally handicapped children also benefit from this all-round care.

They are also included in the routine inspections by visiting dentist, audiometrician, orthoptist and ear, nose and throat specialist, so that any physical disabilities can be diagnosed at an early stage and treatment given with as little disturbance as possible. The Child Guidance Service also has a strong presence in the school: psychologists are on the premises three-and-a-half days out of the five each week. Half the time is given to reviewing the needs of children, and, where necessary, recommending changes in the treatment programme; the rest is taken up with problem cases.

Here, as everywhere else in the school, the emphasis is on team work. Although every child is placed in a suitable class, with a regular teacher to deal with the basics and provide an anchor figure, there is no question of an exclusive interest. Since some children spend 12 years in the school, it is not surprising that the more experienced members of staff should know the history of each pupil and be able to talk knowledgeably about his problems. But this universal interest goes far beyond a mere amassing of information, so that there will be a number of people who can contribute usefully to any discussion on an issue affecting a child's future.

It is the school's policy to transfer to the ordinary schools those pupils who have made enough progress and their success rate has been remarkably high. But before any transfer is recommended, each case is reviewed in considerable detail by teachers, psychologists, and medical experts. They have to be confident that the youngster will be able to cope in a more robust atmosphere, that his peace of mind will not be destroyed by insensitive comments or pressures to work at an unrealistic rate. A lot will depend on the attitude of the parents.

At the same time, the staff avoid an over-protective approach which could be equally destructive. They accept the various handicaps as a normal part of life — "we are all handicapped in some way or other" — and make allowances for them, but there is no question of kid glove treatment. The youngster who misbehaves is given a row, just like any other child: within their limitations, the pupils are expected to conform to the standards that would be demanded of them in the less sympathetic world outside.

And the aim in the classroom is very similar, to produce young men and women who are socially acceptable and competent at the basics of modern living. On the mentally handicapped side, the emphasis remains on the three Rs with particular attention to the applications of reading, writing and counting which are needed in day-to-day living — for school leavers, the filling in of forms and the handling of money. Youngsters are also encouraged to express themselves in fluent speech: inarticulacy can be one of the biggest handicaps of all.

Among the physically handicapped pupils, there is a real effort to foster the skills which will give them a chance of finding a place in the world of employment. the specialist staff includes a part-time business studies teacher, so that the bright youngster who is, for instance, chairbound, can be equipped for an office job.

Unhappily, a proportion of the children are doubly handicapped so that they have little or no chance of fitting into the world of work, and these must be given the resources to cope with restricted living. Even so, the youngsters are encouraged to think of themselves as givers as well as takers.

Recently, the physically handicapped youth club which meets after school hours managed to raise £40, and sent it to the Erskine Hospital — experiencing almost for the first time, the satisfaction that comes from contributing rather than being always at the receiving end. And the encouragement to do this is typical of a school where the insistence is always on developing whatever abilities are there, rather than dwelling on the disabilities.

Although most of the physically handicapped pupils come straight to the school at the age of five, referred by the medical authorities who have been aware of their handicaps from an early age, and then assessed by an educational psychologist, many of the mentally handicapped youngsters have started at an ordinary school and suffered the distress of being unable to keep up with their contemporaries. They arrive suspicious of the system and convinced of their own inadequacy, and the first priority is to build

up their confidence by going right back to the stage where they can cope with the work.

In the youngest mentally handicapped class, which takes children in the infant age-range, there is a nursery nurse to help the teacher and many of the activities are aimed at reading readiness — lots of stories and conversation to encourage the children's use of language, build up their vocabulary, and foster their interest in books and materials. The atmosphere is cosy and informal: the only pressure to progress comes from the teacher's encouraging attitude and delight in each achievement.

As a pupil progresss through the school, he follows an individual programme designed to consolidate and build on what he has already learned and to make the most of his abilities. There are no set schemes even if it was felt, for instance, that one reading series was specially suitable for these children it would be impossible to stick to it since pupils are coming in all the time from other schools. Teachers will tolerate practices frowned on elsewhere, such as counting on the fingers — just so long as they work for a particular child.

The problem of suitable material for the mentally handicapped pupils becomes more acute at the secondary stage. More than half of two hundred pupils in the mentally handicapped department are over-twelves, since the secondary section is fed by a small primary school for mentally handicapped pupils which covers part of the Mary Russell catchment area. The youngsters are grouped in half a dozen classes according to age and sex, each in the charge of a teacher who covers the basic skills. But there are also specialist teachers in music, art, P.E., technical subjects, cookery, needlework and English to widen their horizons and add to their skills, for personal enjoyment as well as survival in the outside world.

One day a week, too, a dance teacher visits the school, and there was tremendous excitement when she arranged for a group of Mary Russell girls to appear in a non-competitive dance festival involving a wide cross-section of local schools. The project built up into a social event, and the girls went to endless trouble to see that everything, including themselves, was looking its best. Even so, they were well aware that everyone in the audience knew where they had come from, and apprehensive of ridicule — "They think we're all daft in here."

On the physically handicapped side, the problem can be the other way. Although many of the children, victims of birth injury and congenital disease, are of limited intelligence, there are others who are quite bright as any in the normal school. They really need the

stimulus of challenging study as well as the physical care which can only be given in a protective environment. With the help of the specialist teachers, some have been able to take O-grades and Highers, sometimes refusing the extra time which the S.C.E. board would allow them. But what happens later if their physical condition makes independent movement impossible?

It is this kind of problem which could make the job of working in a school like the Mary Russell a heart-break for the staff if they allowed themselves to become emotionally involved. But that would be bad for the children, and the teachers who have been there for some time have learned to detach themselves to the extent that they can treat the children as nearly normal.

"Our pupils are just people, and our job is to do our best to help them to cope with life outside school, enabling them to function as members of the community and perhaps to make their own contribution. Where there is a caring, supportive family, the battle is half won."

What makes a school like Mary Russell special is its insistence on looking at each individual child as a whole, caring for his physical well-being and emotional comfort as well as his intellectual development, and designing an educational programme which builds on his known abilities and minimises his handicaps. It is not unique; but it would be a brave person who would claim that every ordinary school manages — or even aims at — as much.

IV

THE EDUCATION OF MALADJUSTED CHILDREN

Peter H Priestley

This paper considers the discovery, diagnosis and educational management of maladjusted children.

There is, from the outset, a problem of definition. In 1964 a Working Party appointed by the Secretary of State for Scotland brought out a Report entitled *Ascertainment of Maladjusted Children*. This Report considered the statement embodied in the Special Educational Treatment (Scotland) Regulations 1954, that maladjusted pupils were those who "suffer from emotional instability or psychological disturbance." It concluded that this was designed to serve legal and administrative purposes only and that it did not purport to be a detailed definition of 'maladjustment'. It further concluded that no satisfactory definition was possible and that the nature and scope of maladjustment could most appropriately be indicated by listing certain descriptive characteristics which in the Scottish cultural setting were frequently associated with observed maladaptive behaviour.

It would be no more fruitful to attempt a precise definition at this time. For the purposes of this chapter a 'maladjusted' child will be regarded simply as one who at a given time is failing to accommodate to the behavioural requirements of his school to an extent sufficient to require Special Education. It says nothing about why this is the case, how long it will continue or what the remedy if any is likely to be.

Secondly, there is the problem of relativity. Any child is liable to be difficult, disturbed or deviant in a way that not every child is liable to become deaf, blind or mentally handicapped. The extent to which this is so is very influenced by the particular circumstances in which the child finds himself at a given time. For example, some schools accept or tolerate greater non-comformity of dress or behaviour than others. It is quite possible for the same child to be 'maladjusted' in one school and 'normal' in another. Also, home circumstances may change significantly from day to day. This can have a profound effect on how a child responds to school. Maladjustment is therefore often relative to time and place rather than a constant state.

Thirdly, there are problems of diagnosis and assessment. Hearing disabilities, visual defects and mental handicap can be measured with fair degrees of accuracy and objectivity. No comparable techniques exist for measuring or assessing degrees of maladjustment. This, combined with the frequently fluctuating and sometimes transitory nature of the disorder, means that decisions affecting the management of difficult children are more subjective and uncertain than in other areas of Special Education.

Finally, there is the social problem. The majority of children whose behaviour causes concern today are not those with the deep personal problems for whom clinical psychiatry might be expected to have something to offer. They are rather the products of the present social and economic climate. This is reflected in a lack of consonance between what the child in his home setting sees as relevant and the values and aspirations which the school wishes him to espouse. This is often exacerbated by the deficiencies of the education service. This distinction between the psychiatrically disturbed or truly deviant personality on the one hand and the child who is a casualty of the present social and educational scene on the other is a vital if often difficult one to make. The former are likely to need separate Special Education or at least some measure of very individual attention outside the school setting. The latter much larger group must be dealt with by primary or secondary schools by way of redesigned curricula, Guidance systems, closer communication between home and school and other such innovations.

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The aim of all Special Educational intervention, whether part-time or whole-time, short-term or long-term, is to keep the child as far as possible within the main stream and to return him totally to it as soon as possible. This is particularly true with the maladjusted. It is most unfortunate if any increase in Special Educational provision for the maladjusted leads to a lowering of tolerance of difficult behaviour on the part of primary and secondary schools.

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The successful implementation of any form of Special Education presupposes accurate and comprehensive diagnosis and assessment. Contributions are needed from different specialisms. The teacher, the educational psychologist, the school doctor, the social worker, the psychiatrist, and others, may all be involved. Not all these disciplines will be represented in every case, sometimes

because they are not all necessary and sometimes because they are not all available. The minimum team, all of whom should be involved in every case, comprises the teacher, the educational psychologist and the school doctor. Above all, the parents must be involved in the discussions from the earliest stage. Only in exceptional circumstances should Special Education be arranged for a child without the parents' consent.

In practice there will be a good deal of overlap between the different members of the assessment team. This is both unavoidable and desirable. In an area as complex as this, second and third opinions are always needed and there can be no place for artificial demarcation disputes. It is essential that all concerned are genuinely members of a team and work as such by building up interdisciplinary understanding and working relationships.

Assessment should be by definition continuous. There is a need constantly to reassess the appropriateness of the initial recommendations, to make such changes as might be indicated, to consider the child's readiness to return to primary or secondary school, perhaps on a part-time or phased basis in the first instance. The assessment team should also be known to and active within the schools, both to carry out adequately its continuing reappraisal of the children's progress but also to advise and support the schools' staffs.

The diagnosis and assessment of maladjusted children is beset by uncertainties and subjectivities. Similar uncertainties affect the form which their Special Education should take. The style and techniques of deaf education, for example, while subject to certain controversies and continually undergoing development, are fairly well established. Where argument takes place, the participants at least know what it is they are arguing about. There is no such consensus on the education of the maladjusted. Regimes for the maladjusted range from the totally permissive, at one extreme, to highly structured programmes based on 'behaviour modification', at the other. Theoretical justifications or rationales for the policies adopted are sometimes non-existent, often dubious and at best unproven. They derive from the personal views or 'orientations' of the head rather than from objective agreement on how the needs of the children might best be met. The history of Special Schools and units for the maladjusted reveals an alarming number of failed experiments and lapsed initiatives with changes of managements too frequently signalling reversals of policy.

There are indications that this may now be changing. It is becoming generally accepted that the great majority of children

designated maladjusted succeed best where the curriculum is broadly the same as that of primary and secondary schools. This, incidentally, is what the children themselves appear to want. It requires staffing, expertise and resources to make it possible for each child to follow quite individual learning programmes at his own level and rate without invidious comparisons. It requires also a regime within which behavioural limits can be set wider than is possible in an ordinary class without the need which is unavoidable in a primary or secondary setting 'pour encourager les autres'. This makes it more possible to help the provocative, the aggressive and the disruptive to work through their need for negative self-assertion with less risk of the confrontations, which are so often the breaking points, towards the establishment of more constructive personal relationships with staff and peers. It makes it possible for the withdrawn and over-anxious to build up the self-confidence to achieve their potentialities.

A good Special School, particularly for secondary pupils who constitute the bulk of the problem, should have all the resources of a secondary school scaled down to a level where they can be assimilated by the angry, the rejected, the insecure and the anxious. It is, however, very important that this individualisation of learning and personalising of relationships should take place within a framework of behavioural standards which are in broad terms comparable with those which are required in primary and secondary schools. There is no evidence that 'alternative experiences' of the 'free school' type prepare the child either for re-integration in the main stream of education or for life after school. If a child is so disturbed that he is unable to function in a school community scaled down and adaptable to his need along the lines outlined above, then it is questionable whether he is capable of being educated even in a day school for the maladjusted. It would then be necessary to consider a very special residential placement under close psychiatric direction or a hospital unit. Experience suggests that there are very few such children.

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The essence of Special Education lies in fitting the education to the child. This 'matching' is very much an empirical endeavour. In view of the almost infinite variety of the problems presented, and of the difficulty of predicting how any child will in fact respond in a new situation, the matching process is helped if there is a variety of types of Special Educational placements rather than just one standard form of provision.

Tutorial or 'opportunity' groups are attended by children part-time. They usually comprise a teacher with a group of not more than six. The children might, for example, attend the group every morning returning to their regular schools or classes in the afternoons. Some schools, both primary and secondary, are setting up such groups under their own auspices. These provide special help in an integrated setting and are desirable adjuncts to the schools' resources. It is important that they are properly organized and efficiently run. To take a random selection of non-conformists and put them in any available room with whatever teacher happens to be available, or persuadable, runs the risk of setting up a 'sin bin' of the sort which has been achieving notoriety in some areas. It will always be necessary for some children to get away from their school to independent units run by Special Educational services on neutral ground.

Generally speaking, full-time Special Education should be provided in schools rather than in single units. Essential group activities and socialising experiences need the framework of a school community. The children need the opportunity to relate to and learn from a variety of adults. The staff themselves need the support and companionship of colleagues who are also participating in what is inevitably a more than averagely demanding and stressful job. In all schools for the maladjusted it is desirable that there should be at least one teacher who is 'floating' or who is at least not tied down to full-time responsibility for a class. There should always be a member of staff who is free to intervene in crises, to remove a child who might be unduly distracting if not disrupting a class and to provide the quite individual attention which many of these children require from time to time.

Schools for children of primary age should be small and should not exceed a roll of 30-40. Classes should contain 6-8 pupils, sometimes less, depending on the ages of the children, the types of behaviour they are presenting and the facilities. It is also necessary to provide generous ancillary help, especially with the very young. Schools for secondary pupils can be larger and, given the necessary staffing, resources and specialist facilities, might have rolls of up to 60.

It is extremely desirable that the services of a social worker should be regularly available to all units and schools for the maladjusted. It has been found most helpful when Special Educational services provide their own social work staff who can liaise with Social Work Departments and who, without in any way pre-empting the functions of those departments, provide a direct

school-based link with the families, interpreting to them the schools' attempts to help their children and keeping the schools continuously informed about the home circumstances.

In order to increase the number of placement options available for maladjusted children, small education teams may be placed in establishments run by other departments and services. In this way, continuing education can be provided for children who attend Intermediate Treatment Centres or who are placed in Assessment Centres run by Social Work Departments or who are admitted to hospital units within psychiatric departments.

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To sum up, whatever the ages and types of the children and whatever the sizes and styles of the classes, units and schools, certain conditions must be met if day Special Education for maladjusted children is to be successful. First, procedures must be set up on an inter-disciplinary basis to provide objective, comprehensive and continuous diagnosis and assessment. Teaching staffs and parents must be involved from the outset and continuously supported thereafter. Secondly, the Special Educational facilities provided must be adequate in terms of staffing, premises and equipment to enable the really individual care, teaching and management which is required. Special Education needs the right children, in the right numbers, doing the right things, in the right atmosphere with, above all, the right teachers.

V

THE TRAINING OF TEACHERS FOR SPECIAL EDUCATION IN SCOTLAND

Marion Blythman

"The national Committee has come to the conclusion that a beginning should be made to the adequate and scientific training of the future teachers of the mentally defective children and submit the proposal scheme in the confident belief that it will receive the support of the Education Authorities of Scotland."[1]

The National Committee for the Training of Teachers had been set up in 1920 following on the Education Act of 1918. The real work of the National Committee, a large unwieldy body which met only once per year, devolved on a small active Central Executive Committee,"[2] under the chairmanship of Professor Darroch and management of James Malloch, its executive officer.

". . . the initiation of new courses and the collation of syllabuses of instruction and prospectuses were undertaken by the C.E.C. The new body decided at once to establish a course for teachers of the blind (at Moray House) and made arrangements to send to Manchester University students training to teach the deaf. It agreed to combine with the Glasgow Education Committee in providing courses for teachers of mentally defective children."[3]

The immediate post-war years in Scotland were alive with new ideas, but even so, it is fascinating to find out that concern for the education of 'defective' children should have led the C.E.C. to give priority in its deliberations to the setting up of such courses. The question must be posed: Why this should happen in Scotland and a good quarter of a century before the rest of the U.K.?

The number of 'defective' children who had been identified in Scotland in the early twenties was in the region of 3,000, though it was estimated that if the processes of ascertainment had been less haphazard, that this number would have been near 7,000 and there was in addition a continuing philanthropic interest in their proper education.

1. *Scottish Educational Journal* (1922), p 380.
2. Cruickshank (1970), p 161.
3. Cruickshank (1970). pp 163-4.

Characteristic of this period was an upsurge of interest in the education of the individual child. Philosophers of the New Education were pushing the views of educationists such as Montessori and Decroly whose methods were proving to be so successful with handicapped children. Visionaries such as William Boyd of the University of Glasgow and, later, Collins and Drever at Edinburgh "were pioneering techniques in the diagnosis and treatment of children who were maladjusted to life or learning."[4] It almost appeared as if the question of measurement of innate and acquired ability had been solved and that there were accurate measures which could be applied wholesale to demystify the learning attributes of all children.

There was also William McKechnie, H.M.I., who in 1922 had addressed the Committee of the Education Authorities in the following terms, "The ascertainment of mental defect and the proper education of children suffering therefrom can only be properly dealt with under the guidance of both the medical officer and a specially trained school psychologist."[5] *He also emphasised the need for suitable and specially trained teachers for the work.*

GENERAL PROSPECTUS

Training Centre

The course will be conducted at the Training College, Chamberlain Road, Jordanhill, Glasgow.

Course

The Course will be a special one under the Glasgow Provincial Committee in conjunction with the Glasgow and other Education Authorities in the West of Scotland.

The duration of the Course will be one year, but teachers of experience with mentally defective children may be accepted for shorter periods.

The Course will be conducted by an expert Psychologist, who will also organise and superintend the practical training in special schools.

A part of the training extending to three months may be arranged to be taken towards the end of the Course in a school conducted by the nominating Authority.

Students

Students must be trained and certificated teachers who have completed their two years' probation in a primary school and have received their Teachers' General Certificate, and who have a special aptitude for teaching mentally defective children.

They must, as a general rule, be selected by the Education Authorities under whom they serve.

4. Cruickshank (1970), p 166.
5. *Scottish Educational Journal* (1922), p 380.

Students who successfully complete the Course and who thereafter spend one year in a school for mentally defective children, or in the conduct of a class of a like nature, will, upon the receipt of a favourable report from H.M. Inspector, be entitled, in terms of the Note to Article 51 of the Training Regulations, to receive from the Department a special endorsement on their teacher's certificate certifying to their fitness for the work of teaching mentally defective children.

Fees

A tuition fee will be charged — £20 — but this may, on good cause shown, be remitted by the National Committee.

Maintenance allowances may also be granted according to individual circumstances and the scale allowed in the case of students in training as teachers of the deaf.

Syllabus

A detailed syllabus and further particulars of the Course will be issued later.

"There was no difficulty on the part of the C.E.C. in drawing up a plan which was essentially for someone to run a training course, act as adviser to the Education Authority in Glasgow, do the ascertainment and run a Child Guidance Clinic but there was great difficulty in finding anyone willing to do all this. Cyril Burt was the person they were after but he did not accept because the NIIP bagged him at the time. Various other notabilities of the time were pursued and finally it was given to Kennedy Fraser who was on the staff at Moray House and Edinburgh University at that time."[6] According to Dr Anne McAllister who was training with William Boyd before joining the staff at Jordanhill, K.F., as he was always known, had just returned from a scholarship year in the United States and had brought back with him a form-board test which was regarded as a most effective tool in the ascertainment of mental defect since it could be used with non-reading children. "The salary attached to the post reflected the variety of duties entailed in the job. It was the best paid post (£1,000) in the College after the Principal (£1,100) and higher than that of the Aberdeen College Principal and all other heads of department in his own college(i.e. Jordanhill), one of whom was Dr Rusk."[7]

Although appointed in January 1923, because of his dual commitment in Edinburgh K.F. had been free to come to Glasgow only on a Monday but nevertheless the *Scottish Educational Journal* of April 27th, 1923, was able to report

6. Smith (1976).
7. Smith (1976).

"GLASGOW CLASS FOR TEACHERS OF MENTALLY DEFECTIVE CHILDREN

The Glasgow Provincial Committee will conduct a course in July on 'The Psychological Basis of the Teaching of Mentally Defective Children'. The specific topics dealt with will be as follows:—

1. The Psychology of the Mentally Defective Child:
   a) How it is investigated by tests and otherwise;
   b) The results of the investigation and their meaning for the teacher.
2. The psychology of the special methods of teaching mentally defective children:
   a) The effect of mental defect on the learning process and its outcome;
   b) Why certain methods should be expected to give better results than others."

"The first course was a vacation course — it ran from 2nd-13th July — with an enrolment of 70, and the first endorsement course began in October 1923. It was a one-year course (with three months block practice) and it had an enrolment of nine. The one-year course did not last for long and eventually for lack of numbers it had to be shortened to a term and then it slowly grew again."[8]

Dr Anne McAllister who worked on these courses from the beginning doing a substantial element on what was then simply known as 'speech training' or 'the correction of speech defects', recollects that apart from a little physical training and junior educational handwork, K.F. covered all the psychological aspects on his own though at a later stage, when the course was extended to cover the education of the physically defective, medical aspects were dealt with by the college medical officer.

For the next thirty years, the course at Jordanhill was to remain the sole source of training of teachers for work in Special Education in Scotland, this title having superceded the earlier rubrics round about 1930. The course seems not to have changed in essence during this period. This is not to imply criticism but rather to emphasise the point that the C.E.C. had been well in advance of its time in the setting up of such courses. K.F. had been instrumental in producing a professionally trained education specialist when in most countries in the world the emphasis had been on caring for as opposed to educating the handicapped child. Dr McAllister, now in her 80's,

8. Smith (1976).

makes this point forcibly and it is one which is still entirely relevant particularly with regard to the most severely handicapped children who have since 1974 become the responsibility of the education system.

"K.F. had a great desire to get the mentally handicapped child out of his difficulties by sound teaching based on an accurate diagnosis through testing. In so doing he felt it was possible also to help the parents."

"He posed three questions as the basis of his work" she recalls, "Where are we going to take these children? How far can we go? How can we hold on to the child till the message gets through?"

Dr McAllister remembers, too, K.F. as basically a shy man who covered his shyness by making crude jokes and who did not have an easy passage with many of the teachers who embarked on the training in the early days: "The Special Schools of the early twenties were in the hands of elderly ladies, many of whom had entered the profession as pupil teachers in the late 19th century. They were furious because they thought he had come to put them out of business." Nevertheless by 1931 the training was well under way and Sir William McKechnie, who had become the Secretary of the Scottish Education Department, addressing the National Special Schools Union in Edinburgh was able to report, ". . . it seems to me that no child who is unsuited to the ordinary school is denied the opportunities of the Special School. . . . It is a very unwise and misdirected sympathy that deprives children of *the instruction that has been specially devised for their benefit*. . . . The teachers have improved steadily in the last generation and, generally speaking, they are better trained for their special work."

"*But we need more teachers* and I am strongly of opinion that we want more interchange of teachers between ordinary and Special Schools. This applies particularly to the teacher of a Special Class in an ordinary school. It would be an excellent thing for some at least of the teachers of 'mentally defective' children if they went back to ordinary work after a spell of special work and an excellent thing for many of our ordinary teachers to have the special training and to have actual experience of the fascinating problems presented by the education of sub-normal children."

"*Every student in training should see some mentally defective work during his or her training* and we hope that after some years of experience some of the *younger* teachers who feel drawn to the instruction and care of mentally defective children will return to the Training Colleges for a special course in mental defect. . . ."[9]

9. *Scottish Educational Journal* (1931).

It is noteworthy that the points raised by Sir William in 1931 are still live issues in the present training of teachers for Special Education although the language of 1976 is less fundamental and the terms used now more sophisticated. It is clear that Sir William was aware of the need for teachers to provide programmes suited to the strength and weaknesses of the individual pupil to produce and evaluate relevant curricula, to maintain the maximum contact between the Special School and the ordinary school and to make it a reality by effective interchange. It is rather a reflection on the present situation forty years after, that although some students in training in Colleges of Education do have elements of Special Education included in their course of basic training (usually as an option), the actual amount varies considerably from one college to another. It must be a cause for regret that there are still many teachers working in schools in Scotland never having been in a Special School, having little or no idea of the basis on which pupils are ascertained as in need of Special Education and who are in consequence woefully ignorant of the educational nature of the work undertaken in this sector of education. In the light of the contemporary trend towards integration of the handicapped into the normal channels of education, this is an area of training which is bound to extend and develop. It is clearly the responsibility of Colleges of Education to initiate such courses, both for pre-service and practising teachers and foster them by the proper provision of staff and resources. Sir William might be sanguine about progress made to date on buildings, resources, etc., but might have included a reference to this in his concluding remarks on the subject of ascertainment:

". . . to improve . . . we must have several things; more interest in the subject . . . teachers with more courage and training and a Department stimulating and helping everyone."

In 1953 K.F. was honoured on the occasion of his retirement by former students and colleagues. Under the Chairmanship of Dr Anne McAllister, who was to succeed him as head of the department at Jordanhill, many tributes were paid ". . . to this pioneer in the teaching of mentally handicapped. In the past 31 years he has been instrumental in the training of 600 teachers and he has taken an active part in all that pertains to the study of the backward child . . . his name is well-known as an assessor of mental intelligence, manual dexterity and emotional stability."

So, in the end, "the very young man who must have been one of the best paid men in the country in his day"[10] stayed the course and

10. Smith (1976).

in collaboration with Dr McAllister laid down the foundations and principles still perceptible in today's training courses. Obviously these courses develop historically, reflecting the changing attitudes of society to its handicapped children and at the same time, through the effective training of teachers, playing a vital role in the changing of these self-same attitudes.

The work of K.F. and of Dr Anne McAllister was firmly planted in the Scottish educational tradition and owed much to the training they themselves had received at the hands of men such as John Adams who had been rector of the Free Church College in Glasgow. He had laboured long to make the new psychological theory relevant to the practical teacher and it was he who made the remark which might be the basis of the New Education (1976 style): "If you want to teach John Latin, you must not only know Latin, you must know John."[11]

Dr McAllister, joined in 1953 by Margaret Martin, a child psychologist from Dumfries, continued the training at Jordanhill and covered a parish which encompassed the whole of the mainland of Scotland and the inner and outer Isles, most of Ireland, an annual trip to see the Dublin students always included.

In 1952 the Report of the Advisory Council on the *Administration of Education for Handicapped Pupils* had stressed the need for vigorous action to ensure that the handicapped pupils were given the educational opportunity they required if they were to make their services to the community as effective as possible. The writing of this Report is generally ascribed to Dr W. B. Inglis, at that period, Director of Studies at Moray House as well as Convener of the Advisory Council. It was emphasised that the time was past when complacent inaction could be excused.

Nevertheless, it was not until 1956 that a meeting of Lothian teachers was addressed by Dr Inglis and Miss Marjory Cowe where "Miss Cowe gave a general account of the principles on which the course recently established at Moray House for the training of teachers for handicapped children, was founded. . . . The broad purpose of education was the same for the handicapped child as for his more fortunate contemporaries. The necessity for closer contact between teachers of all types was emphasised and progress in educational theory would take place through the spread of ideas from one field to another."[12]

The Moray House course was initially based on that offered at

11. Cruickshank (1970), p 129.
12. *Scottish Educational Journal* (1956), p 684.

Jordanhill and both Dr McAllister and Miss Cowe remember meetings between the college staffs taking place at Jordanhill.

In fact there were two courses offered at this time, one for those concerned with the mentally handicapped and one for those concerned with the physically handicapped. Separate forms of endorsement were given and it was not until the sixties that the courses which were general in character were again merged and a general certificate awarded known as the Certificate to Teach Handicapped Children.

By 1974 three more courses had been established at Aberdeen, Dundee and Notre Dame. The Aberdeen course initiated in 1973 differed from those offered at Jordanhill and Moray House in as much as the students were seconded to the college by their Local Authorities for one complete academic session, i.e. returning to the original 1923 conception. On the initiative of Stephen Jackson, who was Margaret Martin's successor at Jordanhill, the Committee of Principals was urged by the Illsley Committee which had been set up in 1973, to extend the two existing courses on the Aberdeen model. By 1974 when Notre Dame and Dundee got under way there were and are at present five colleges in Scotland offering one-year courses in the education of handicapped children.

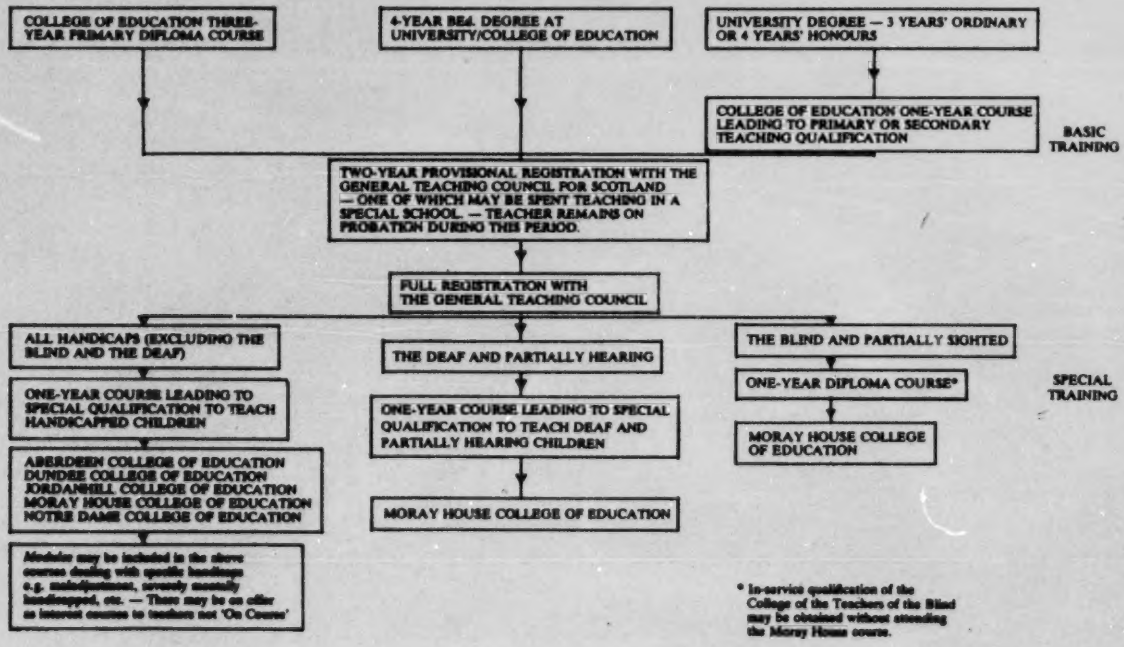
The capacity for training is about 80 but it is again a matter for regret that it is rare to find all available places being taken up; shortage of teachers being the cause in the sixties and shortage of money in the late seventies.

The present training structure in Scotland is set out in Fig. 2. There are individual minor differences from one college to another as to emphasis, timetable and organization. This means that the best use can be made of local resources and local restraints can be minimised as far as possible. Nevertheless, there are major areas of agreement as to principles and practice among all colleges involved in this work.

The training in all colleges is offered only to fully registered teachers and while in theory a teacher could embark on such a course of training after one year's teaching in the ordinary school, in practice most have at least four or five years such experience and may have spent a few years in a Special School or associated institution. There has been over the last few years and especially since the publication of the Melville Report, a lively debate as to whether this is the best method of training. It is in accordance with the Scottish system of training of primary teachers which at its best, has produced a responsible non-specialist, trained to cover all areas of the primary school. All specialisation has been subsequent to this

FIGURE 2

TEACHER TRAINING FOR SPECIAL EDUCATION


COLLEGE OF EDUCATION THREE-YEAR PRIMARY DIPLOMA COURSE
4-YEAR BEd. DEGREE AT UNIVERSITY/COLLEGE OF EDUCATION
UNIVERSITY DEGREE — 3 YEARS' ORDINARY OR 4 YEARS' HONOURS
COLLEGE OF EDUCATION ONE-YEAR COURSE LEADING TO PRIMARY OR SECONDARY TEACHING QUALIFICATION
BASIC TRAINING
TWO-YEAR PROVISIONAL REGISTRATION WITH THE GENERAL TEACHING COUNCIL FOR SCOTLAND — ONE OF WHICH MAY BE SPENT TEACHING IN A SPECIAL SCHOOL. — TEACHER REMAINS ON PROBATION DURING THIS PERIOD.
FULL REGISTRATION WITH THE GENERAL TEACHING COUNCIL
ALL HANDICAPS (EXCLUDING THE BLIND AND THE DEAF)
ONE-YEAR COURSE LEADING TO SPECIAL QUALIFICATION TO TEACH HANDICAPPED CHILDREN
ABERDEEN COLLEGE OF EDUCATION
DUNDEE COLLEGE OF EDUCATION
JORDANHILL COLLEGE OF EDUCATION
MORAY HOUSE COLLEGE OF EDUCATION
NOTRE DAME COLLEGE OF EDUCATION
Modules may be included in the above courses dealing with specific handicaps e.g. maladjustment, severely mentally handicapped, etc. — There may be on offer as interest courses to teachers not 'On Course'
THE DEAF AND PARTIALLY HEARING
ONE-YEAR COURSE LEADING TO SPECIAL QUALIFICATION TO TEACH DEAF AND PARTIALLY HEARING CHILDREN
MORAY HOUSE COLLEGE OF EDUCATION
THE BLIND AND PARTIALLY SIGHTED
ONE-YEAR DIPLOMA COURSE*
MORAY HOUSE COLLEGE OF EDUCATION
SPECIAL TRAINING
* In-service qualification of the College of the Teachers of the Blind may be obtained without attending the Moray House course.

initial generic training. The strength of such a system it is claimed, lies in the fact that, by the avoidance of narrow specialisation the teacher has a sound perspective, knows the work which precedes her particular sphere of activities and at the same time should have an appreciation of what will come after.

In Special Education on the one hand, it is argued that the teacher must know what is 'normal' and should be able to evaluate the progress of her pupils in the light of the development of the basic subjects as taught to normal children. On the other hand it may be that there are 'dedicated' teachers who are not willing to spend the time that it takes in Scotland to train to teach in a Special School, but on the whole, the opinion in the colleges is that the training at this stage can proceed at a deeper level, deal with a wider range of learning disability. Under the present arrangements colleges would claim that the loss in 'dedication' is compensated for by an increase in professional expertise which enables the teacher to sustain the effort involved in what is generally regarded as a most difficult teaching job.

Typical of the course objectives in the present training is the need for the teachers to develop an understanding of the history, theory and practice of Special Education on the one hand, and to develop in the teachers an awareness of the intellectual, social, emotional, physical and instructional needs of handicapped children, on the other. Therefore all courses deal with the development of skills in the diagnosis and assessment of learning difficulties with a view to devising individual remedial programmes. These techniques of diagnosis and assessment are, however, regarded as means not ends since the main aim of such courses is to raise the level of performance of these already trained and experienced teachers as teachers in Special Education.

Psychological and medical aspects are fully covered dealing not only with straight physical and intellectual impairment but devoting time to the specific learning disability concomitant with neurological impairment. This simply reflects the fact that there is a preponderance of multiply-handicapped children in Special Schools today, children who have been 'saved' by the sophistication of modern medical techniques. The 'correction of speech defects' has changed also in character to fit in with contemporary thought on the importance of the influence of language on the development of the child's cognitive processes, and most courses nowadays have a substantial component on speech and language.

All courses include a substantial practical element and though the pattern and timing vary from one college to another reflecting local conditions, on the whole at least one third of the time available is

spent on such studies, observing school and classroom organization, special methods, aids, equipment and resources. Since the prime function of the Special Education teacher in Scotland is to teach, it is at this level that the trained Special School teacher will be judged as to whether the theoretical knowledge has been successfully integrated with the practical skills and the teacher's performance confident and competent.

Description inevitably relies on concepts of training which are held to be valid and important at the present time. These concepts change, never more rapidly than over the immediate past decade. To compensate for this all colleges are involved in a substantial programme of in-service training. These courses are offered to teachers working at present in Special Education and cover an extensive range of topics and issues.

In 1975, the following courses which were held at a variety of Centres, were over-subscribed and were attended by psychologists, administrators, H.M.I., advisers and teachers:

One-day conference on *Integration*
One-month conference on *The Education of the Severely Handicapped*
Behaviour Problems in the Special School — weekend course
1 Week (*Music for the Handicapped*
1 Week (*the Handicapped School Leaver*
1 Week (*The Education of the Visually Handicapped*
Refresher Courses for teachers in List D schools — two weekend courses
Ten-week course — *Physical Handicap*
The Handicapped Child in the Normal School — five-day course

Similar programmes were held in 1976 and it is only severe financial restrictions which would hold back the development of this aspect of the 'éducation permanente' of the Special School teacher.

These courses discussed above cover all categories of handicap as specified by the Secretary of State with the exception of the visually handicapped, the deaf and partially hearing.

Despite the initial intention of the C.E.C. to set up in 1922 a course of training for teachers of the blind, in fact such a course never materialised and until 1976 teachers visiting further training had to travel to Birmingham University where such a course is held, or study part-time for the certificate of the College of the Teachers of the Blind. Finally in 1976, however, a one-year course for teachers of the visually handicapped is to be mounted at Moray House. Included in any such course must be a substantial element

on Braille and, in addition, all the psychological and emotional aspects of this severe sensory defect will be dealt with. Ophthalmologists and other specialists are invited to contribute their expertise on this course.

In fact in all colleges, visiting lecturers, expert in their own particular fields, are used from time to time to augment the work of the lecturers.

Up until 1969, the teachers of the deaf continued to go to Manchester to be trained, but in that year, exactly 200 years after a mathematician, Braidwood by name, had founded a school for deaf children, not a stone's throw from the present site at Moray House, a course for teachers of the deaf was started under the aegis of the Special Education Department at Moray House. By 1972, this was recognised by the Scottish Education Department as the Scottish Centre for the Education of the Deaf and currently grants a Diploma for Teachers of the Deaf after a one-year course of study.

The training of teachers and the provision of courses is the primary function of this Centre, but as a Scottish Centre is has other stated aims which all involve the collection and dissemination of material on teaching methods, problems, activities and experience of the various educational establishments for the deaf in Scotland. It does provide a point of contact for teachers doing this work and affords facilities for an exchange of views, experience and research findings among the variety of disciplines involved in the handicap of deafness. It also provides a resources centre and operates a Speech Advisory Service, a Remedial Service, and a Loan's Advisory Service both for equipment and books.

The Director, Miss Morag Turner, sums up the work of the Centre as follows:

"To train teachers of deaf and partially deaf children and to help all those who work for and/or with deaf people of any age from the cradle to the grave."

What does the future hold? Much will depend on the Report of the Consultative Committee on Special and Remedial Education set up in 1975 under the chairmanship of Dr W. Illsley, Vice-Principal of Dundee College of Education. This committee has had several precursors, firstly as a small S.E.D. committee on Special Education under the chairmanship of David Petrie, H.M.I., and next as the Inter-College Remedial and Special Committee which submitted its Report to the Committee of Principals of the Colleges of Education in 1974.

This Report made recommendations as to qualifications for admission to/and duration of courses, pre- and in-service work and staffing ratios.

This Report has not been accepted in total by the Committee of Principals though many of its recommendations have in fact been put into practice. It is clear that the new Consultative Committee, now greatly extended as to the number and range of its members, is going to have the important task of setting down the guidelines for the future training of teachers in Scotland for Special and Remedial Education. Its deliberations should lead to specific measures designed to improve the quality of teaching of the handicapped in Scottish schools both normal and Special.

It will obviously be influenced by the powerful Warnock Committee which is constituted on a U.K. basis and must make pronouncements on the future pattern of training. Despite that, the Scottish Committee can play a vital role in maintaining the best of the Scottish tradition while not being so parochial as to lose sight of the best practice wherever it originates.

One development seems inevitable and long overdue if colleges in Scotland are to be able to provide a coordinated delivery of services to the teachers in Special Education, those already trained and those still to be trained. What is needed is a Scottish Centre for Remedial and Special Education on the same model as those already set up in social subjects, mathematics, modern languages, English and so on.

It is generally accepted that the degree of civilisation of a country can be estimated by looking at how it deals with its handicapped people.

Care and the provision of resources are important but in the end it is education which really counts. The key-stone of the whole education system has always been recognised in Scotland as the sound training of its teachers. This was never more true than it is today of the field of Special Education.

Bibliography

CRUICKSHANK, Marjorie (1970), *A history of the training of teachers in Scotland*, ULP.

SCOTTISH Educational Journal, 2nd June 1922, 11th January 1931, 9th November 1956.

SMITH, John (1976) (formerly Vice-Principal of Jordanhill College of Education). Letter to Nicol Binbett, Head of Department of Special and Remedial Education (Jordanhill).

VI

PARENTAL INVOLVEMENT IN SPECIAL EDUCATION

Margery M Browning

"Parents of handicapped children have special needs and difficulties, and society has an obligation to give them all the help and support they need to enable them to help their child to develop as well as possible. . . ."[1]

The Melville Report[2] and the subsequent enactment the Education (Mentally Handicapped Children) (Scotland) Act 1974 not only rejected the terms 'ineducable' and 'untrainable' and brought at least 500 children[3] into the education system, but led to a redefinition in Scotland of the aims and methods of education for children in Special School. This must in turn present implications for the involvement in Special Education of the parents. The evidence of the British Psychological Society[4] to the Warnock Committee summarise this neatly.

> "If education is concerned with everything that contributes to an individual's learning growth and development, it follows that education begins at birth, and that the parents are at the heart of the educational process."

Until recently the history of education in Scotland has denied parents a central role in their child's education. In 1963 in its summary of public education in Scotland the Scottish Education Department restricted its view of parental involvement to parent-teacher associations.[5] Parents have had an official role in Special Education, but in terms only of agreeing to ascertainment of their child for Special Education and that role can be very restricted.

Professor Mittler has called the parents of Special children "the only real experts." In the pre-school period the parents have been the only educational force in their child's life and, of course, as social and emotional educators their role continues at least until

1. Mittler (1974).
2. Scottish Education Department (1973).
3. Richardson (1975).
4. British Psychological Society (1976).
5. Scottish Education Department (1963).

adulthood. The parents should be accorded a far more dynamic role in the education of their children. Janet Carr[6] has referred to the considerable evidence that mentally handicapped children at home achieve more than those who have been hospitalised, one of the most vital factors being the involvement of the parents. The effectiveness of the parental role as educator in partnership with professionals has been seen in the education of blind and deaf children. Recent research with normal pre-school children has shown the effectiveness of mother-child interaction and fostering links between mothers and their children's future schools in raising scores on the Stanford-Binet Intelligence Scale.[7] It is the purpose of this chapter to discuss methods of involvement of parents in Special Education and then to consider ways these are being carried out in Scotland at the present time.

The Roles of Parents in the Education of the Special Child

The parents have a vital role to play in the assessment and diagnostic team. This role has been largely informal and unrecognised. To reduce anxiety such a role should be informal but the parents must be given a constructive role in the assessment team and be kept informed of all findings. Parents are, indeed, often the original assessors, recognising that something is 'wrong' with their child. Kellmer Pringle[8] and Kirman[9] have found that parents show great discrimination in valid assessments of their children's abilities.

Research teams involved in enrichment programmes with mentally handicapped children — in England, Cunningham and Jeffree and McConkey and Jeffree,[10] and in America Watson and Bassinger[11] — have given priority to the parents being involved in assessment of their own children. Child Development Charts have been developed to help the parents to observe and assess their children objectively. By answering the questions of the medical and psychological team, the parents can furnish evidence about the child's behaviour and reactions not available to the professionals, because they sample only a small part of the child's behaviour in the time set aside for interview, be it at home or in the strange situation of the clinic. The severely mentally handicapped child is often absolutely silent during professional assessment, but may babble

6. Carr (1974).
7. Donachy (1976).
8. Kellmer Pringle (1966).
9. Kirman (1974).
10. Cunningham and Jeffree (1971); McConkey and Jeffree (1975).
11. Watson and Bassinger (1974).

and jargonize just before going to sleep. The deaf child may understand more of what is being said at home rather than in the clinic where extraneous noise may be distracting. Any assessment which does not take account of behaviour at home is inaccurate.

The parents' role in assessment should not be confined to original assessment but should be part of the on-going assessment of the child. They have a vital role to play in the assessment of the effectiveness of programmes of work. They can comment on results of transfer of training and ensure that work programmes are reflected in the home. The profoundly handicapped child often feeds himself in school but not at home. Unless the parent is aware and involved in this training, the programme assessment is one-sided. The deaf child must have confidence to wear his hearing aid under all circumstances. The parent should also have the opportunity to report on their child's emotional reactions to work programmes at school.

Until recently it has been tacitly understood that parents fulfil the role of early educators of the handicapped and that at five years education is taken over by the staff of an educational institution. Research studies and official reports[12] have all underlined the influence of parents in shaping the development of their children throughout the school period and their performance in school. The parents of handicapped children are often a major educational resource for a large part of their children's lives. The mother of handicapped children in the pre-school period is seen mainly as the educator largely because she traditionally spends most time with the child, but with the effects of working mothers, shift work, unemployment and the change in attitudes towards fatherhood, both parents can be involved as educators.[13]

Teaching handicapped children requires special expertise. Not only do effective teaching programmes and methods with specific aims need to be devised but time has to be used effectively. With professional help many parents are able to acquire the expertise. Because of their close relationship with the child the parents are in a unique position to motivate their children and because of the amount of time spent with the child they are in a better position to reinforce learning under different circumstances, such as maintaining a good walking pattern in a child with cerebral palsy, or expecting expressive language from a child with Down's syndrome rather than sign language. This is indeed real education for life.

Professionals helping the parent to the role of educator must provide goals which can be attained in a reasonably short time to

12. Douglas (1964); Davie (1972); Newsom (1963).
13. Mittler (1974); Hewitt (1970); Carr (1974).

maintain in the parents a feeling of purpose which they can convey to the child. In discussing educational aims with the professional, the parents can become more realistic in their short-term and long-term expectations of the child. Some parents might overestimate the abilities of the child. It was unfortunate that the Melville Report's recommendation that teachers be employed in the former Junior Occupation Centres, led some parents to the expectation that this would mean a formal education to include reading and arithmetic as practised in primary schools. It was understandable that parents would see reading as a symbol of normality. Many parents did not recognise that the short-term aim of teaching some social sight vocabulary would be more effective than working on a traditional reading scheme and that time used in acquiring cooking skills would be more valuable to the long-term aims of the severely mentally handicapped child's education. Other parents and professionals often underestimate the possible achievements of the handicapped.[14] There is a temptation for parents of the physically handicapped to overprotect them and subsequently deprive them of many learning experiences. The parent can foster independence in the physically handicapped without anxiety for themselves by providing a good learning environment.

One great advantage in having the parents as educators from the earliest possible point in the child's life, is that they can prevent negative habits from developing. The child who is not stimulated from birth soon learns how to sit unoccupied, lacks attention and concentration, and, at worst, develops habits of rocking, masturbation and ritualistic behaviour. The infant who has great awareness of his environment, and can concentrate, will benefit from future training programmes.

The fostering of constructive use of time by the child presents the parent with the role of play leader. The deaf or blind child who finds integration with his peers difficult, the child in hospital, the mentally handicapped child rejected by his peers, the physically handicapped child unable to run as fast as his peers all need help in filling their hours of recreation. The parent has to be aware of the importance of play and how to provide for it. The Toy Libraries Association and its encouragement of Toy Libraries for the Handicapped, based on the research work at the University of Nottingham, can provide equipment and advice. National Societies for Children with special handicaps often provide clubs. The parents could also acquire insights into the appropriate levels of their child's play from teachers at school.

14. Clarke and Clarke (1974).

As well as their constructive roles in education and play, the parent has the role of safeguarding their children's rights. Their children form minority groups which compete with larger groups for scarce resources. The 1974 Act was the result of a Private Members' Bill, the pressure for which came not only from interested parliamentarians but from grass-roots campaigning by parents. Parents of children who are in hospital have in many areas persuaded the medical personnel to allow them to spend a large part of every day with their child in hospital. Parents of spina bifida children are successfully campaigning in many areas to have their children attend normal school.[15] The campaigns for community homes and schools for the mentally and physically handicapped are being successfully carried on by parents. For a variety of reasons, many parents have to recognise the need to have their handicapped child placed in a residential home and they then have a role of ensuring the best care possible is provided.

Parents have traditionally had a role to play in parent-teacher associations. This can be a medium through which parents can express their views on the formal education of their child in school and can offer facilities for a fruitful exchange between staff and parents. The PTA can present a forum in which parents and teachers can obtain information from other professionals about the current thinking in educational techniques. Fund raising has perhaps been seen as the sole role for parents in the past, but at a time of educational cuts it is an effective role and can involve the parents in the choice of equipment for the school.

The involvement of the parent in school can be very direct without upsetting any unions. They can make and supply equipment, help in care activities with the children, act as helpers on outings, become instructors in specialised activities such as swimming and riding. Not only does this kind of involvement offer practical aids to staff but helps in staff and parents understanding each other's problems.

The increase in understanding between home, school and hospital is vital for the security of the child and makes learning more effective by suppressing different approaches to the same problem which might confuse the child.[16] The parents are often not able to assume many of the roles discussed, but for all parents the most vital role is in providing the child with a stable emotional environment which gives the child the confidence to meet the demands his handicap lays on him.

There are many ways in which parents can become involved in their Special child's education, but the extent to which these roles

15. Anderson (1975).
16. Noble (1976); HMSO (1975).

can be assumed will depend on the emotional, financial and practical resources of the family. Historically, the parents have often had to demand the roles for themselves.

Implementation of Parent Involvement in Scotland

About the parents of mentally handicapped children Dr Carr writes:

> "That most parents manage to cope should be a cause for admiration of them rather than of the existing services and facilities, in which there are numerous shortcomings."[17]

In Scotland the major observation that can be made generally about services for the handicapped is that they are highly variable in different regions, bearing out Professor Mittler's criticism that it is the absence of a framework of services which is at the heart of the problem. Scotland has not been given a National Development Group, but the findings and recommendations of the Jay and Warnock Committees will apply to Scotland and perhaps provide a framework of services through which parents can become involved in the education of their child. However, even under the present circumstances of financial stringency there are very interesting developments in Scotland.

Many writers comment on the bewilderment of parents when they are told of their child's handicap and this reduces their ability to assume a dynamic role in the education of their child and makes the family of the child handicapped.[18] This problem is being overcome by the counselling given to parents at assessment units. Some are on a formal basis such as Raeden in Grampian, Balvicar in Glasgow, the Frazer of Allander Unit at the Royal Hospital for Sick Children, Glasgow. Others are less formal but with the same aim, such as the teams in Renfrew Division, Strathclyde, and in the Central Region. Parents are led to an understanding of their children's disabilities and are given the role of being part of the assessment team both in terms of diagnosis and in assessing effectiveness of treatment programmes. There are, however, criticisms by parents, which are largely due to lack of resources, that professionals cannot spend long in explaining diagnoses and in initiating educational programmes.

The deployment of resources to cope with this problem varies in the different regions. In Central Region Mrs Sibley and two colleagues in Child Guidance are working with three teachers who

17. Carr (1974).
18. McConkey and Jeffree (1975); Mittler (1974); Carr (1974); Hewitt (1970); Fox (1975).

visit the children in their homes and give advice on the handling and learning of the handicapped children. In Lothian as part of a Home Visitor Project a teacher is similarly involved in the homes of some handicapped children. Grampian Region are also involved in a similar project. In the Renfrew Division of Strathclyde the Social Work Department and Health Service provided four pre-school centres for handicapped children providing 88 places for children with mental or physical handicap. An educational psychologist gives one session to each per week and works with the parents and staff. There are also 20 places in Special units for the integration of handicapped children in normal nursery schools. At Kelbourne School a successful project is being run in counselling and supporting the parents of children attending the nursery unit. In many areas Health Visitors are advising and supporting parents, particularly those with infants. The Scottish Council for Spastics have a mobile therapy unit in the West of Scotland whose therapists help the parents of the cerebral palsied and children with spina bifida develop their children's physical skills in their own home and give advice on aids and management. Parents of the blind and deaf also have specialist teachers visit them in their own homes. The successful element in these approaches is that the parent can relate to a known professional in their own home or at the end of the telephone. Counselling and support is immediate, direct and practical. The reduction of parental anxiety helps the parents become more effective educators.

The number of Toy Libraries for the Handicapped is increasing throughout Scotland, some being based in hospitals, others in units for the handicapped, and some being mobile. Not only do they supply materials to fill the 'play vacuum'[19] but they provide meeting places for parents to give mutual support but also provide another forum for effective interaction between parent and professional.

There is a dearth of written evidence in links between home and Special School in Scotland. This is one area which would benefit from research. In some areas there are dynamic parent-teacher associations, often formed ostensibly to raise money for mini-buses and equipment, but often providing a method through which the parent learns a great deal about the curriculum in the school and the way in which this can be transferred into the home. Many parents report that the personal support of the head teacher has been invaluable in helping them teach their child. In many Special Schools there are genuine 'open-door' policies, which parents do not utilize either through embarrassament, fear, contentment with the curriculum of the school, or apathy. The head of Clippens

19. Scottish Education Department (1976).

School, Renfrew Division, found that she had to arrange social evenings and small parent groups visiting the school during the day to see their children working to have the skills acquired in the centre transferred to the home. Many heads provide 'open day' and displays.

Parental involvement in Special Education is also promoted through the parents' own organizations, often based on the child's handicap, such as Scottish Council for Spastics and the Scottish Society for the Mentally Handicapped. Not only do these societies provide professional speakers, discussion group and film evenings, they also provide clubs for leisure time activities and help provide specialist schools and residential accommodation. They also can form pressure groups to demand changes in educational provision and policy as was seen in the passing of the 1974 Act.

One recent development in parental involvement which has emanated from work at the Hester Adrian Research Centre, Manchester, is that of parent workshops (Cunningham and Jeffree, 1971). At Lynebank Hospital, Dr Frazer and his staff have been involved in running a parent workshop in language development as part of parental participation studies being carried out in conjunction with the Department of Rehabilitation Studies in Edinburgh and the Department of Psychology in St. Andrew's University. Mr Zimmer, Adviser in Special Education, Glasgow, and Mr Ian McDonald of the Glasgow Child Guidance Service have run a parent workshop in language based in Rockvilla Special School and with the involvement of staff as well as parents. Mr MacKay of Grampian Region Child Guidance is planning to run a parents' workshop. Mrs Blythman and Miss Bone have started a parent workshop in Edinburgh, based on support from Moray House College of Education, Stevenson College of Further Education and the Edinburgh branch of the Scottish Society for Mental Handicap. They have held a week's induction course and will follow this with twelve evening meetings. Two fathers took a week's holiday to attend the induction meeting.

The writer has been involved in the parent workshop run between January and August in Renfrew Division. This was organized by the Child Guidance Department at the request of the head teacher and parent-teacher association of a Special School. It consisted of ten evening meetings, the first part being devoted to speakers and the second to groups for discussion and work projects. Two evenings were devoted to child development, three to language, two to behaviour modification, one to play, one to medical aspects and one to a panel comprising representatives from the Education Department, Child Guidance, Paediatrics and Social Work. The talk on

medical aspects was on the seventh evening, because the organizers wished to avoid giving the parents the impression that they thought handicap was an illness. The parents were told that the workshop was intended for parents of children under nine years, who were severely or profoundly handicapped. The aim was to help the parents observe and assess their children in order to establish base lines on which to base teaching tasks. Information was given on task analysis and assessment of attaining desired goals. Child Development Charts were constructed and the parents were expected to use them with their own children. Other written material included Behaviour Modification Schedules, principles of task analysis, and detailed tasks to stimulate language, devised by Mr and Mrs Rutherford, to be used in conjunction with their Language Development Chart. One film on behaviour modification techniques was used. Forty parents attended every night, some travelling thirty miles to attend, except on the evening when the title was *Play*, perhaps reflecting the Scottish parents' more formal approach to education. Staffs from centres also attended.

Half of the parents had children under five years, and half of children over nine years, most of whom were profoundly handicapped. Fifty-seven per cent of the parents indicated through a questionnaire that they thought language was their child's main problem, 23 per cent body coordination, 11 per cent toilet training and only seven per cent behaviour. However, as was found by Cunningham and Jeffree,[20] the problems changed during the workshop and behaviour emerged as a difficulty, but one with which the parents felt they could cope. Of the parents who completed questionnaires seventy-five per cent had completed their education by 16 years of age. The majority sixty-two per cent were in social class III and IV and thirty-five per cent in social class II.

The tutors felt that the groups were the most successful part of the workshop and at the next workshop more time will be spent in groups. The parents did learn to observe and assess their own children, one parent agreeing with a recent psychological assessment only after doing his own assessment. It was felt that parents learned to carry out the specific tasks laid down in the language activity sheets and related to the charts, but did not appreciate task analysis. There was a great deal of mutual support and exchange of practical information among parents. One result is a parent group meeting to prepare a fact sheet for parents of mentally handicapped children. Two 'advanced' groups will be built into the next workshop to help in task analysis for specific children. The parents did want individual interviews with the psychologists about their

20. Cunningham and Jeffree (1975).

own children, but were better able to use this interview as a result of the workshop. The psychologists and school staff perhaps benefited most from hearing about the children and the problems of parents.

The enthusiasm of parents attending parent workshops and a survey carried out by McKnight, Mair and Boyle[21] in the Renfrew Division indicate the desire of parents of the severely mentally handicapped to be involved in the education of their children. There is no reason to think that attitudes are different in other areas of Scotland. Existing resources could be redirected to help parents of pre-school children become effective educators, but there is also a need for an injection of capital for home visitors. Much informal contact is maintained between staff of schools and parents, but there is a need for an imaginative research project to see how this could be developed and expanded. Ultimate responsibility for the handicapped child and, often adult, lies with the parents and they, therefore, have the right to be involved in the education of their Special children.

Bibliography

ANDERSON, Elizabeth (1973), *The handicapped school child*, Methuen.
CARR, J (1974), 'The effect of the severely subnormal on their families' in Clarke and Clarke, *Mental Deficiency*, Methuen.
CLARKE, Ann M, and Clarke, A D B (1974), *Mental Deficiency*, Methuen.
CUNNINGHAM, Cliff C, and Jeffree, Dorothy M (1971), *Working with parents*, The National Society for Mentally Handicapped Children.
CUNNINGHAM, Cliff C, and Jeffree, Dorothy M (1975), 'The organisation and structure of workshops for parents of mentally handicapped children', *Bulletin of the British Psychological Society*, Vol 28, pp 405-411.
DAVIE, Ronald, Butler, Neville and Goldstein, Harvey (1972), *From birth to seven*, Longman.
DONACHY, W (1976), 'Parent participation in pre-school education', *British Journal Educational Psychology*, 46, pp 31-39.
DOUGLAS, J W B (1964), *The home and the school*, MacGibbon and Kee.
EDUCATION Pamphlet No. 60 (1975), *Educating mentally handicapped children*, HMSO.
FOX, A M (1975), *They have this training*, National Fund for Research into Crippling Diseases.
HEWITT, Sheila (1970), *The family and the handicapped child*, Methuen.
KELLMER PRINGLE, M L (1966), *Social learning and its measurement*, Longman.
KIRMAN, B (1974), Discussions in Tizard, J (edit), *Mental retardation: concept of education and research*, Butterworths.
McCONKEY, R, and Jeffree, Dorothy M (1975), 'Pre-school mentally handicapped children', *British Journal Educational Psychology*, 45, pp 307-311.

21. McKnight, Mair and Boyle (1976).

McKNIGHT, R K, Mair, M I, and Boyle, J (1976), *Support received by parents of severely mentally handicapped children*. Unpublished report.
MINISTRY of Education (1963), *Half our future*, HMSO.
MITTLER, P (1974), 'Education from birth: partnership with the parent'. A paper given to the A.M.P.H. Conference, *Better services, the realities*.
NOBLE, Eva (1976), 'Hospital schools and parents', *Forward Trends*, Vol 3:2, pp 13-15.
RICHARDSON, J N (1975), *Regional patterns in the education and training of severely mentally handicapped school age children in Scotland*, Scottish Society for Mentally Handicapped.
SCOTTISH Education Department (1963), *Public education in Scotland*, HMSO.
SCOTTISH Education Department (1973), *The training of staff for centres for the mentally handicapped: report of the committee by the Secretary of State for Scotland*, HMSO.
SCOTTISH Education Department (1976), *Toy libraries for handicapped children: Circular 955*, HMSO.
'SUMMARY of evidence presented by the British Psychological Society to the enquiry into special education set up by the Department of Education and Science (1976)'. *Bulletin of the British Psychological Society*, Vol 29, pp 1-6.
WATSON, Luke S, and Bassinger, Joan F (1974), 'Parent training technology', *Mental Retardation*, Vol 12:5, pp 3-10.

VII

RESEARCH IN SPECIAL EDUCATION IN SCOTLAND — PRESENT AND FUTURE

J G Morris and Judith Duncan

In order to conduct research which will be helpful to practitioners in any aspect of education it is essential to know the aims of those working in that aspect. While there is a fond belief that the research model is one of research project — development work — application yet the real changes have taken place when a theory coincides with a specific need for action from a policy decision. The classic example of this is Skinner and Behaviourism.

Within Special Education the problem now becomes that of an interpretation of 'Special'. Special Educational treatment as a phrase first appeared in the Education (Scotland) Act 1945. The word was used initially to distinguish it from normal, i.e. abnormal, and so it was reasonable to include sub-normal and super-normal but this 'normal curve' has always been positively skewed, i.e. has had the main numbers and interest in the handicapped. Our society has come to terms with the word 'Special' whether it applies to beer, hospital units in the armed services, or bargains of doubtful worth being heavily promoted.

In the education sphere the current view is for integration. This probably owes more to the heart than the head but it may be an appropriate view even if it is more emotive than cognitive. There is a continuing if misplaced liberal sentiment that all forms of segregation are bad. In such a situation the research worker is in a quandary. There is no theory on integration which differs essentially from what has always been the system, that pupils are only ascertained for Special Education when there is no alternative. There is still the over-riding requirement of law that a child will be educated in accordance with parental wishes and that child's age, ability and aptitude.

The training of the research worker traditionally has been towards isolating a variable and trying to determine the effect of it under controlled conditions. Subsequently he wishes to consider the inter-action of a number of variables but even then, within a finite situation. Of recent years there has been the vogue of the neutral observer which has come to be known as 'illuminative

evaluation' where the research worker can say, "I came; I saw; I concurred (or demurred)." The former method is said to be based on the physical sciences and the latter method is sometimes called the anthropological model. All the analogies are tenuous. Even in the physical sciences which were the traditional paradigm one can reflect upon the effect of the impurities in the zinc when producing hydrogen in inter-action with sulphuric acid. Was this once an unknown and unsuspected variable?

The claim to make the first provision for Special Education, like all claims to firstness may be supported in various places but Edinburgh can probably justify its action in this respect with a place for a handicapped child in a school in 1760. Of course, before that one of the Stewart kings is said to have placed a baby on an island in the river Forth — the island varies with the teller — with a deaf mute to see what language the child would speak. Was this the first research project dealing with handicap? Rumour has it that the child spoke Hebrew! Certainly the sensory defects were the first to attract attention and some action.

Separateness in educational establishments has a long history and varied justifications which in their own time have seemed plausible. Age, financial status of the family, measured ability of the child, sex, religion and social class have all been used individually or severally as criteria. It was a post-1946 phenomenon to give renewed consideration to types of handicap and as everyone knows England identified ten types but Scotland only managed nine. The missing link was the class known as 'delicate'. There were no delicate children in Scotland! Again the planning was overtaken by events as the category of mental handicap turned out to be greater than the sum total of the other categories. Also the handicaps were relatively mutually exclusive, or at least had a pre-disposing or main handicap. Subsequently three factors led to a review of these categories.

England had opted for a high degree of residential provision and so incurred high unit costs (the unit here being a child) and relatively, in terms of population identified or made special provision for fewer handicapped pupils. Many were taught peforce in ordinary schools. Scotland chose day provision in Special Schools or Classes attached to ordinary schools. This cost less and more pupils could be selected as in need of special provision. It is interesting to compare our attitude to crime (which some would also consider a handicap) in that Scotland is accused of making over-provision for residential treatment for delinquents and criminals with a 'catch-convict-lock-'em-up-and-count-them' mentality.

Second, multiple handicap arose. Various causes have been offered the most or least attractive being that medical skills increased in diagnosis, surgery, chemotherapy and care so that children survived who would in earlier times have died but were more greviously handicapped. The overlap in categories of provision increased and the edges were blurred. Also medical success with certain single handicaps led to the integration of these into ordinary schools.

Third, educational skills increased and training of pupils with low mental ability became more effective. Scotland had since 1947 taken the poorer level of mentally handicapped pupil in the old Junior Occupational Centres within the educational orbit but England left it under 'Health' for almost a further quarter of a century, before accepting that education was effective and making the administrative change.

This background is sketchy, simplified and the statements could be qualified at length but it provides a sufficiently accurate framework within which to look at research. There is one element missing, that of the teachers and their Special training, but it is too big an item to discuss in detail. It can be said that not all had additional Special training (even now it is under 60 per cent) and that those in the Junior Occupational Centres were not qualified teachers. This has changed but without a core of Special School teachers with additional training and a full career commitment it would have been impossible to establish an identifiable sector known as Special Education.

What research is in progress now? What research should subsequently be embarked upon and why?

Educational Research 1975, a register published by the Scottish Education Department has eight projects out of 52 listed which have a bearing on Special Education. There are additional research projects in progress in Scotland at present funded by the Scottish Council for Research in Education, U.K. research organizations and private foundations but even allowing for such it can be said that the proportion of research projects dealing with Special Education is higher than the incidence of such pupils in the school population. There have been criticisms of this fact but then what else is positive discrimination?

Only two of those projects have produced final Reports this session but all the others have interim Reports sufficiently detailed to indicate their progress. Briefly, the Reports can be grouped into three on physical and sensory handicaps (speech, deaf and blind pupils), three on organization and administration (management of

provision for problem children, historical development, ascertainment) and two on curriculum (mathematics and social subjects) while one of the sensory handicap projects (*Science Education for the Visually Handicapped*) could equally well be grouped under curriculum work. Is this a suitable balance? It does take into account such factors as the amount of money available, the work being done on a U.K. basis which is common to the whole field and work of other disciplines such as social work and medicine as well as inter-disciplinary work. Any boundary is to some extent arbitrary and Scottish Development Department, the Scottish Home and Health Department and Social Work Services Group are all involved in research projects which impinge upon Special Education whether it be in housing needs, supportive services for the family or delinquency and maladjustment. There is also that transatlantic importation, both hazy in concept and phonetically ugly 'the disadvantaged' which is of 1964 vintage but has yet to prove its worth other than in supporting the need for inter-disciplinary studies.

If we look in more detail at the projects in the Register we find that there is one on deviant speech development and its effect on educational attainment. The children are young, otherwise healthy, of average or above average intelligence, of Registrar-General's social class classification 1 or 2 and referred to a very specialised clinic in Royal Hospital for Sick Children in Edinburgh. Can we, should we generalise from such findings? We may get an improved theory, better understanding, hypotheses for considering other children outwith these constraints. Jack Tizard argues "that it is through a proper consideration of practical issues that social science is most likely to make theoretical advances during the present century."[1]

The projects on science for visually handicapped pupils and that on speech patterns for deaf pupils have a common principle that where there is sensory defect or loss, the communication of information can take an alternative route using another of the sense organs to achieve perception. The idea that nature compensates tends to be rejected. A blind pupil can use a beam balance to weigh materials if the balance provides sounds of varying pitch indicating weight difference and a deaf pupil can use a laryngograph to enable him to see on an oscilloscope patterns which indicate changes in rhythm, intonation and articulation and change these patterns by manipulating a lever while trying out other vocalising movements thus learning how to use more flexibly his own voice which he

1. Tizard (1972).

cannot hear. The end result is that pupils may enjoy fuller lives within the normal community.

Again the two projects grouped under organization and administration vary. One examines the ethos of units for disturbed and socially handicapped pupils and the other examines the administrative system whereby pupils in the Local Authorities are selected for Special Educational treatment, how their parents are advised about such a serious decision and how the whole system is reviewed. Research cannot tell decision-makers what to do but once these people who determine what society requires have made their decisions the research worker can advise them on what the actual effect is and whether there are better ways of achieving the desired objective and whether provision is equitable when national decisions are implemented by a number of Local Authorities.

The curricular development projects fall within the three areas of most value for handicapped pupils. One on reading skill is not mentioned here as it appears elsewhere in this book but the one on mathematical skills shows a high degree of inventiveness on the part of the research workers and is carried over into practical courses for teachers who will be putting into effect the findings of the research. The third deals with the design of curricular materials for the social subjects and shares an aim with the mathematics project that social competence is essential for handicapped pupils if they are to achieve social acceptance.

Two additional research projects recently funded but not yet in the Register are *Toys for the Severely Handicapped* and *Appropriate Educational Provision for Haemophiliac Children*.

Isolated research projects make less impact than does a programme of research. Within the constraints of the finance available and the willingness of research workers to carry out specific tasks we consider that this group of projects represents a cohesive programme. The Rothschild requirement of a customer and a contractor can only ensure that the customer is satisfied with the goods if the contractor — that is the research worker — makes a conscious choice that he wishes to do that particular piece of research. Press-ganged research workers seldom produce satisfactory results.

Before we become too satisfied with the record of what has been done let us recall the dictum of Sir Peter Medawar, "Science in retrospect always seems a very much more successful activity than it really is." Where we are weak we may be pointed up by obiter dicta from another pundit, Sir Kenneth Clark, that "the gap of understanding is widening because too few are going too fast for too many." The research Report from the Department of Education in

Aberdeen University *Provision for Special Education in Aberdeen 1945-1975* indicates such a situation and suggests directions for future research:

(i) It is necessary to find out how best parents can be effective in helping their own children. How do they come to a realisation that they have a handicapped child other than in terms of chronic sorrow? How do they translate expertise in educational techniques into activities which they themselves can pursue with their own children?

(ii) How do we create in our own society both at broad national level and in specific local instances a climate of opinion which is favourable to positive discrimination for the handicapped? In an era of comparative national affluence this is relatively easy but financial stringency hardens all hearts. Is handicap a state of mind of the community, an abstraction which cannot be quantified and which varies with societal expectation? Certainly the deaf-blind child is handicapped by any standards and in any setting but there is the nagging doubts of the story, well-known in handicapped circles, of the blind man who said, "It is not blindness which is my problem but living with people who are not blind." How many normal children and adults are embarrassed by the handicapped and so prevent 'normal' behaviour in the handicapped?

(iii) Early ascertainment and the value of pre-school education for different types of handicapped pupils is important. One of the concluding recommendations of *The Challenge of Thalidomide*[2] was that ". . . as pre-school education appeared to have beneficial effects on later educational progress, there is a strong case for making it available to all young handicapped children."

(iv) The curriculum requires to be developed, reformed, adapted to be made appropriate for handicapped pupils. For many years the term 'social competence' has been used. Can this be translated into a curriculum? Are we over-doing the emphasis on it? Do we wish to motivate the handicapped by the expectation of a job which may never materialise, or be extremely dull and so have a stultifying effect on the school curriculum? Will going out to work just entail a daily display of the fact of being handicapped? There is, of course, the possibility of controlled transition to adult life and employment as at the Russell Town School, Bristol.

(v) There is also a need for some fundamental research. This in itself is a dangerous remark as it cannot be shown to have an

2. Kellmer Pringle (1970).

immediate pay off. In a period of cost-benefit analysts, these re-deployed arithmeticians who at times give the impression of knowing the price of everything and the value of nothing, there is a distinct lack of enthusiasm for other than short-term gains. Further work must be done on learning theory, on coding and signalling systems on attention spans and concentration. We must crash the barrier at present which accepts that there is no incidental learning for mentally retarded and that if you want such a person to know something you must teach that thing specifically. The rewards for success here would be great but providers of finance understandably prefer to back favourites rather than outsiders.

(vi) Another fundamentalist area is that of integration as opposed to segregation. Research cannot resolve this dilemma but should be able to help to determine educational results in defined instances which would enable the more appropriate style of provision to be made.

(vii) Deviance or maladjustment has had little attention. It may sound defeatist to suggest that the area is not at present appropriate for research but until society has taken the decisions about what is acceptable behaviour and whether its aims are reformative, punitive or simply restrictive isolation then research cannot initiate projects. Here there is no 'ought' from research because there is no agreed 'good' from society.

Most of these suggestions refer to mentally handicapped persons and only to a lesser extent to the physical and sensory handicaps. The reason for this is that mental handicap is by far the largest single category, but also physical handicap has changed with poliomyelitis and tuberculosis giving way to spina bifida and limb deformities through accidents or drugs and more of these pupils can be accommodated in ordinary schools. Also, with sensory handicaps, prosthetic developments are outwith the sphere of educational research and the emphasis must be on developing learning techniques which will maximise their use.

Earlier on we posed the question of what future research should be undertaken and why. The last part of the question has to be answered. The areas suggested will in our view be most helpful to the whole field of handicap. Such a programme maintains a positive and helpful climate of opinion, encourages parents, the handicapped themselves and gives teachers a feeling of unity and common endeavour. Teachers have been remarkably cooperative in Special Education with research workers and their enthusiasm has a refreshing effect on the whole system. If you suspect that nothing has come of all the effort, read the accounts of Special Educational treatment provision just after the Second World War

and compare them with the state of Special Education today. The improvement in facilities, level and skill of staffing, attitudes and activities is most marked. It would be facile to say that this change can be attributed solely to research — or solely to any one factor, but research was among those present, like Abou Ben Adhem made a contribution, and might be judged on the side of the angels.

Bibliography

KELLMER PRINGLE, M L (1970). *The challenge of thalidomide*, Longman.

TIZARD, J (1972), 'Research into services for the mentally handicapped: science and policy issues', *British Journal of Mental Subnormality*, vol. XVIII, part 1, no 34.

VIII

THE DEVELOPING CURRICULUM IN SPECIAL EDUCATION

F J McKee and W R Dunn

Before considering the developing curriculum in Special Education we must make clear what we mean by a developing curriculum, and in what ways the curriculum in Special Education differs from that in ordinary schools.

CURRICULUM DEVELOPMENT

There is no such thing as a fully developed curriculum.

The curriculum in any school must be constantly changing in an effort to provide the learning situation best suited to the current state of an ever-changing society. Of course, such changes in the curriculum must not be so rapid that staff, and pupils, suffer disorientation and useful learning experiences be diminished. But, above all, the attitudes of the staff should not become fossilised. They must be willing to revise their attitudes and try out new methods, evaluating them against their own experience, and adapting or rejecting them as they see fit. However, this is not to say that all new ideas must be welcomed with open arms; new does not necessarily mean better. What it does mean is that teachers must be open-minded, willing to consider their aims, to make decisions on the best means of achieving them. This is why curriculum development is an ongoing process, and this is why curriculum development means teacher development.

SPECIAL EDUCATION

> *"Special Education means education by special methods appropriate to the requirements of pupils whose physical, intellectual, emotional, or social development cannot, in the opinion of the education authority, be adequately promoted by ordinary methods."*[1]

Within the sphere of Special Education there are pupils with various handicaps. Obviously appropriate education will depend largely on the nature of the particular defect. Those with physical disability, apart from the oft attendant emotional problems, have

1. *Education (Scotland) Act, 1969.*

needs which are easily discernable. They require mechanical compensation and a suitable environment designed to minimise their difficulties. But the vast majority of pupils admitted to Special Schools suffer from mental handicap. Some of these pupils suffer from severe mental handicap which is visually obvious and have a potential so low that they will be unlikely ever to take their place, unaided, in the life of the community. The Education (Mentally Handicapped Children) (Scotland) Act, 1974, made "provision as respects Scotland for discontinuing the classification of mentally handicapped children as unsuitable for education at school." This has had the effect of increasing the numbers of severely handicapped pupils within the school system. These, however, are still a minority. The biggest single category is that which we shall call 'mildly mentally handicapped',[2] those pupils who, with appropriate education and encouragement, are capable of taking their place in society and often leading full and productive lives indistinguishable from their more gifted contemporaries. It is on this group that we will concentrate our attention.

THE CURRICULUM IN SPECIAL EDUCATION

The curriculum in Special Schools, as in all other schools, is the means of striving towards the desired end. Therefore, before a suitable curriculum can be devised a set of aims must be agreed upon. If the aims of education are defined as passing a certain examination, or gaining a defined degree of proficiency in a certain subject, then the desired curriculum may be fairly self-evident. At least the different alternatives can be tested in an uncomplicated pre-test/post-test fashion. It would, however, be a mistake to restrict the aims of education to those areas in which progress can be easily measured, this would be putting the cart before the horse, or the exam before the curriculum.

> "The basic aim of Special Education is to prevent a disability from becoming a handicap."[3]

Fundamentally, the aims of Special Education must be the same as the aims of ordinary education, the fullest development of the potential skills of the pupil in order that he may take his rightful place in society. The pupils in Special Schools may not, in some areas, have equal potential with their contemporaries in ordinary schools, but they do have the right to full development of whatever potential they do have.

2. The mentally handicapped constituted 73.1% of new admissions to Special Education in Scotland in the session 1973/74, of these new admissions 10.3% were to Occupation Centres for the severely handicapped, leaving 62.8% who were 'mildly' handicapped — Clark and MacKay (1976).
3. UNESCO (1973).

In Special Education the barriers between primary and secondary schools are less well defined than in ordinary schools. Some Authorities operate 'straight-through' systems, where children attend one school from 5 to 16 years of age. Others have separate primary and secondary schools, but usually with the same teachers being interchangeable between the schools. Most teachers in Special Schools for all ages were originally trained as primary teachers. This is a practical arrangement from the point of view of imparting basic skills, as primary teacher training places more emphasis on these skills. The main deviation from this norm in secondary Special Schools is in the employment of technical and home economics teachers. So that, in staffing, secondary Special Schools for mentally handicapped children have traditionally had the appearance of extended primary schools with an added vocational facility. It is these secondary Special Schools for the mentally handicapped in which we are interested.

THE NEED FOR DEVELOPMENT

Literacy

In all primary schools an early emphasis is placed, and rightly so, on literacy. This is, undeniably, a skill which is an integral part of today's world, and without which an adult would feel out of place in society. It is also the skill through which most people acquire competence in many other areas. It is, for the majority, the tool skill which opens the door to learning on a wide scale. There are, however, few teachers who would define their sole aim as the teaching of reading. Yet when describing the progress of a Special School pupil his reading age is invariably the focus of considerable attention.

But is reading a means to an end or an end in itself? During the early years of schooling it is both of these, a social skill and the means of acquiring social skills. But as the pupil gets older, and his years of future compulsory schooling diminish, his opportunities for utilising literacy as a tool skill also diminish. When a secondary Special School pupil reaches the age of fourteen or fifteen, and has a very low reading ability, then the pressure to teach him to read is almost entirely one towards reading as an end in itself. Meanwhile the pupil has been denied access to much of the teaching material which is available to improve his chances of adapting to the society in which he lives. When it is considered that Special School pupils are drawn, more often than not, from the deprived sections of the community, and are consequently likely to be in need of increased

social education to compensate them for this, it seems unwise to deprive them further by making literacy a condition of their further learning.

Vocational Training

It could be argued that the vocational training traditionally incorporated in the Special School curriculum by technical and home economics teachers is a form of social education. It is, but in a very narrow form and would be improved by a widening of its scope. The Scottish Association of Teachers of Backward Children, in a memorandum in 1971, recommended, "not vocational training but rather training in good work habits."

CURRICULUM DEVELOPMENT IN SECONDARY SPECIAL SCHOOLS

Objectives

With the current variety of provision in further education and the present extension of adult literacy programmes, it may be better to use the later years of school to encourage pupils to take advantage of opportunities for ongoing learning experiences rather than to continue for another few months the regime which has failed to make them literate in ten years. There is much that pupils need to know concerning life as an adult in today's society. Many of them will be married within a few years and may even have families of their own. Some will have come from backgrounds where they will have lacked the counsel of good example in matters concerning responsible human relationships and parenthood.

There has been a fair amount of reporting on the difficulties of adults who cannot read, of how they contrive elaborate subterfuges to disguise their shortcomings. But there are other shortcomings which are more difficult to disguise. Inability to speak coherently or to display a socially acceptable appearance, or to behave in a socially acceptable manner, are probably greater disabilities than illiteracy for ex-Special School pupils. These difficulties are exacerbated by the fact that the individual who is affected by them is often unaware of their existence. He sees only their repercussions. He isn't aware of the reasons why jobs are hard to get, and harder still to keep. He doesn't realise that people are unhelpful to him because of his manner towards them. He may react in an aggressive way which will only increase his difficulties and further alienate those with whom he comes in contact

Research into the subject of subsequent employment of Special School pupils has highlighted the fact that one of the main factors contributing to failure in employment is, not illiteracy, nor even lack of intelligence per se, but failure to get on with fellow workers, emotional outbursts, and general lack of social skills. Brennan[4] summarises some relevant research and goes on to conclude that:

> "The qualities which need to be fostered are those of self-esteem and self-reliance, courtesy, ability to listen, to follow instructions, willingness to recognise the need for help and to seek it properly, friendliness in approaches to others and interest in appropriate leisure activities. School experiences which foster these positive social qualities will contribute more to vocational success than will narrow, specific vocational training."

The desired curriculum is not therefore one based on the objectives of literacy plus vocational training. It must attempt to encourage the pupils to converse in as coherent a fashion as is possible for them. They must be given the chance to observe and understand the effect their behaviour can have on others, and how this can react to their own disadvantage. they must be made aware of the various agencies which can provide assistance for them after they leave school and be helped to develop the confidence needed to obtain such assistance. These are some of the objectives contained within the aim of Special Education.

Possibilities

The curriculum should avoid repetition of the failure which the Special pupil has experienced all his school life. The pupil should have a taste of success before he leaves school. A degree of integration with ordinary schools could be practised. Whenever the Special pupil can compete on level terms with his contemporaries he should be allowed to do so. This already happens in many Special Schools but the practice could be greatly extended. The growing involvement of Special Schools with schemes such as the Duke of Edinburgh Award is a welcome step in the right direction.

The secondary Special School should take every opportunity to give the pupils experience of adult working life. It is now possible for Special Schools to benefit from work experience schemes and some have already done so. In an article in *Resources in Special Education*,[5] the headteacher of Dalton School tells how her pupils

4. Brennan (1974).
5. McKee, F (edit) (1976).

participate in such a scheme. Pupils spend periods working a five-day week in a real adult workplace, shop, factory, or warehouse, and the experience forms the basis of subsequent classroom discussion.

Link courses with colleges of further education are another way in which pupils can be introduced to a more adult learning situation. Apart from the direct educational benefit, this is a means of convincing the pupil that learning has rewards which are recognised by people not unlike himself. Association with a college of further education also serves to familiarise the pupil with the existence of such establishments and with the courses which they offer. Unfortunately, few schools seems to be benefitting from such cooperation.

Every attempt must be made in the last years of Special Education to motivate pupils to continue the learning experience in an adult way. For many pupils the time is too short for them to be adequately educated before the age of sixteen. Thereafter education is voluntary and they must be encouraged to volunteer.

Both of these methods, work experience, and link courses with further education colleges are available to Special Schools at the present moment. It is hoped that they will develop an increasing interest in them.

THE COOPERATIVE STRATEGY

> *"I believe that fruitful development in the field of curriculum development and teaching depends upon evolving styles of cooperative research by teachers and using full-time researchers to support the teachers' work."* [6]

So far we have discussed what the curriculum should be attempting to achieve, and have given some guidelines as to how it might go about this. We have been involved in considering the aims and objectives of Special Education. But what of the actual curriculum? How should it be devised? And by whom? How should it be evaluated? And in what way should it be introduced into the schools?

In Scotland, teachers are subject to very few external directives in the classroom situation. External examinations are probably the nearest thing to aims or objectives which are imposed from above on Scottish teachers. In Special Schools there are no external examinations. Teachers in this situation are required to set their own aims and objectives. Who then can set criteria by which to

6. Stenhouse (1975).

judge innovation? Only the teachers. It is therefore important that teachers be involved in every stage of the curriculum development process. Curriculum development projects have sometimes consulted teachers in the early stages, taken their opinions during evaluation, and sought their cooperation during innovation. But essentially the design of curriculum development projects and the 'objective' evaluation of them has remained in the hands of researchers. After such evaluation the researchers are faced with the task of convincing the teachers that they have proved the worth of whatever development they are proposing. Such a strategy, both within and outwith the Special School context, has not proved particularly effective in the past decade.

Decisions

Too often the important early decisions regarding the curriculum are taken without the due regard being paid to the opinions, or even the prejudices, of the teachers who will be expected to implement them. In Scotland teachers are left very much on their own to get on with the business of teaching according to their own lights. Yet when curricula are being devised important assumptions, relating to basic philosophies of education and to preferences for particular teaching styles, are frequently made without consultation with the classroom. Such consultation would make evident the type and degree of innovation which would be readily acceptable in schools and it would tap the wealth of first-hand knowledge which teachers possess regarding the changes that are needed in particular situations. But teachers are not trained as curriculum developers. According to Goldstein, "teachers are not so much designers of learning as they are modifiers of already designed materials," they are, he says, "neither trained nor experienced in the kinds of thinking and action that is basic to sound curriculum development." This is why the cooperative approach is necessary. The researcher must provide the "kind of thinking and action that is basic to sound curriculum development." But he must be constantly in touch with the potential users, interpreting their needs, and being aware of what will be acceptable in the classroom. Classroom acceptability is essential to successful curriculum development.

Evaluation

Evaluation of educational research is probably associated in the minds of most teachers with phrases such as, 'pre-test/post-test', 'gains', and 'control groups'. Under this agricultural/botanical

type of evaluation an innovation is tried out on a group of pupils and gains in terms of pre-specified precise behavioural objectives are measured and compared with those of a control group using other methods. Teacher performance and pupil/teacher interaction are usually taken to be constant, as is teacher enthusiasm for both methods. If the results from the new method compare favourably with alternative methods then the innovation is declared a success and passed into the classrooms bearing the seal of the 'experts' approval. But in the classroom the teacher may well be unimpressed with the experts' opinion, and such 'proven' innovations might thus fail to be implemented, and never be institutionalised. The result of such 'expert evaluation' cuts more ice with other researchers than it does with teachers, and the greatest innovation in the world is useless if teachers do not wish to adopt it.

From this can be concluded that the type of evaluation most suitable to an innovation might depend on the nature of the client. In the business of educational innovation the person who must be convinced of the value of the product or method is, without doubt, the classroom teacher. The method of evaluation used must therefore be the one most likely to test the innovation in terms which make sense to the classroom teacher.

It is true that certain areas of Special Schooling do lend themselves to measurement against precise objectives. Attainment of proficiency in reading and writing are obvious examples. But these are examples of curriculum areas which are concerned with mastery of skills. In social education what is involved is not so much mastery of skills, as the inducement of understanding brought about through the focus of speculation. For this reason the setting of precise behavioural objectives and evaluation by pre-test/post-test methods is inappropriate. What is required is the general acceptance by teachers that the material is of value to them in improving the social awareness of their pupils. This will be indicated by the teachers accepting and using the innovation. Materials introduced into schools should not attempt to be 'teacher-proof'. Teachers should be encouraged to develop and adapt materials to suit their own, or what they see to be their pupils', needs. If teachers accept the basic idea of the innovation, and proceed to change it so that it more closely fits their needs, then the innovation has been proved, both as useful curriculum development and as an aid to teacher development. This is very much in accord with the feeling expressed by Stenhouse quoted above and with A and H Nichols who maintain that,

"Participation in cooperative curriculum development

activities can lead to a greatly increased professionalism in teachers."

Innovation

The actual process of institutionalisation will be much easier to carry out if the teachers have been closely involved in all parts of the development as outlined above. Indeed by the time the evaluation is completed several teachers will already have adopted it and will be interested in developing it still further.

SUMMARY

A Special School curriculum based upon literacy and narrow vocational training is not in the best interests of mentally handicapped pupils of secondary age.

Efforts should be made to ensure that the curriculum is continually developing so that the pupils will have the best possible chance of coping with life in an adult society.

Work experience schemes, and link courses with further education colleges would help to promote the above aim.

Teachers should at all times be closely involved in the process of curriculum development and should have the assistance of a full-time researcher or adviser to coordinate their efforts.

Bibliography

BRENNAN, W K (1974), *Shaping the education of slow learners*, Routledge & Kegan Paul.

CLARK, M M, and MacKay, T A (1976), *Ascertainment for special education in Scotland*, University of Strathclyde.

EDUCATION (Scotland) Act, 1969.

EDUCATION (Mentally Handicapped Children) (Scotland) Act, 1974.

GOLDSTEIN, H. Unpublished letter.

McKEE, F (edit) (1976), *Resources in special education*, SCET Working Paper No. 1.

NICHOLS, A, and Nichols, H (1974), *Developing a curriculum*, Unwin Educational Books.

The PRESENT situation and trends of research in the field of special education (1973), Unesco.

STENHOUSE, L (1975), *An introduction to curriculum research and development*, Heinemann.

IX

A STUDY OF ASCERTAINMENT FOR SPECIAL EDUCATION IN SCOTLAND 1973 - 75

Margaret M Clark

INTRODUCTION

The aim of the project was to study the interpretation by the various Local Authorities in Scotland of the legislation covering the identification of children in need of Special Education. It was undertaken by the author and T. A. W. N. MacKay, Senior Psychologist in Ayrshire, who was seconded to the University of Strathclyde from September 1974-December 1975. Financial support was provided by the Scottish Education Department, at whose request the study was made.

An analysis of the variation between Authorities and for different handicaps seemed important in the period immediately prior to regionalisation which was to take effect in May 1975. Regionalisation has resulted in the replacement of thirty-five Education Authorities by twelve Regional Authorities with wide variation between Regions in the extent of autonomy permitted to the constituent parts.

The general pattern of ascertainment procedures in Scotland is determined by the Education (Scotland) Act 1962 and its revision in 1969. This legislation has defined in detail the function of the Education Authorities in relation to handicapped children and has thereby indicated procedures whereby an Authority may carry out its duty in ascertaining which children in its area require Special Education. Until May 1975, when the provisions of the Education (Mentally Handicapped Children) (Scotland) Act of 1974 came into operation, those procedures also covered the ascertainment of children who were suffering from a disability of such a nature or to such an extent as to make them unsuitable for education or training by ordinary methods of education or by Special Education. These Acts are supplemented by the Special Educational Treatment (Scotland) Regulations, 1954, which provide an interpretative framework by defining the categories of handicapped children. There have always been wide variations in the way individual

Authorities interpret and apply this legislation, some adopt the formal procedures of the Acts for all handicapped children, others only in exceptional circumstances; some for certain handicaps only.

Definition of Terms

It was necessary for the purpose of collecting information to define the terms 'ascertainment' and 'Special Education' to ensure that the data was comparable across Authorities.

> *Ascertainment* refers to the decision by an Education Authority that a child requires Special Education, or is unsuitable for education or training, after the child has undergone a medical and a psychological examination in terms of Section 10 of the Education (Scotland) Act 1969.
>
> *Special Education* refers to education provided in a Special School or class, a residential Special School, or a Junior Occupational Centre.

Problems were still met in the study because of difference between Authorities in, for example, the stage at which 'a decision by an Education Authority' was deemed to have been made and in their interpretation of 'Special Education'. This problem was particularly apparent with regard to pre-school units, the placements of maladjusted children which were often of a short-term nature, and provision for autistic children or those with language problems when this provision was within Child Guidance Clinics.

Provision in Scotland for Children with Special Needs in 1974

It is necessary to consider ascertainment procedures within the framework of the total provision available for children requiring Special Education in Scotland at the time of the study. In 1974 there were 122 Special Schools, 57 Special Classes attached to ordinary schools (mainly for mentally handicapped children) and 65 Junior Occupational Centres. Most Authorities made their own provision for the mentally handicapped but schools for children suffering from other handicaps tended to be concentrated in the main areas of population. The total Special Education population at the beginning of 1974 was 12,726 of whom 10,101 were classified as mentally handicapped. Not all provision for handicapped children was listed under Special Education, however, and children with special needs were also to be found in Day Care Centres, in mental deficiency hospitals and in children's departments of psychiatric hospitals. (See Table 1.)

TABLE 1

Number of children in Special Education in 1974, 12,726 (1.2%)
(Education Authority — 12,013: Grant Aided — 713)

By Handicap	*Residential*	*Day*	*Total*	%	
Deaf	114	301	415	3.3	
Part hearing	26	305	331	2.6	
Blind	112	18	130	1.0	
Part sighted	16	179	195	1.5	
M.H. (in Special School)	119	8106	8225	64.6	79.3
M.H. (J.O.C.)	—	1876	1876	14.7	
Epileptic	—	57	57	0.4	
Speech defect	—	11	11	0.1	
Maladjusted	244	154	398	3.1	
Physically handicapped	257	831	1088	8.5	
	888	11,838	12,726	100	

Plan of Research

The investigation was carried out in three stages:
(i) *A questionnaire* to explore the policy of the Authorities and variation between Authorities and between handicaps was circulated to all thirty-five Directors of Education for completion by the appropriate officials.
(ii) *Interviews of the Principal Education Psychologists* in all twenty-eight of the Authorities operating their own Child Guidance Service were used to clarify points and supplement the questionnaire information. The remaining areas were serviced by those studied.
(iii) *Interviews of head teachers* and of others responsible for the administration of a sample of Special Schools were conducted in order to include in this study of ascertainment the views of those receiving children as a result of the process of ascertainment.

RESULTS OF QUESTIONNAIRE

a. Children admitted to Special Education in 1973-74

The numbers of new admissions to Special Education in 1973-74 may be seen in Table 2.

TABLE 2

Dates of birth and ages of children admitted to Special Education in 1973-'74

By Handicap	*1970 or later*	*1969*	*1968*	*1967-61*	*1960 or earlier*	*Total*	*%*
Deaf	16	6	4	6	—	32	1.8
Part hearing	5	14	5	12	1	37	2.1
Blind	3	2	3	6	1	15	0.9
Part sighted	2	2	3	17	3	27	1.5
M.H.	2	39	159	994	79	1273	73.1
Epileptic	—	—	1	6	2	9	0.5
Speech defect	—	—	—	4	1	5	0.3
Maladjusted	—	—	4	126	94	224	12.9
Physically handicapped	5	8	31	55	21	120	6.9
Totals	33	71	210	1226	202	1742	100
	Under			6.5-	Over		
Median Ages	4.5	4.5	5.5	12.5	12.5		

N.B. Mentally handicapped admitted to Special School or Class, 1094 — to Junior Occupational Centre, 179. An additional 97 children were ascertained as severely handicapped.

(i) *By Handicap*

The majority of these children were classified as mentally handicapped (1273 or 73.1 per cent); admissions to Special Schools or Classes accounting for 62.8 per cent (1094) and to Junior Occupational Centres 10.3 per cent (174). The figure of 224 maladjusted children reported as admissions to Special Education must be viewed in the light of wide differences in the policies of individual Authorities since a number of Authorities were found not to have formal ascertainment procedures for these children. Some Authorities did not indeed list such placements within Special Education since they regarded maladjustment as a temporary and circumstantial difficulty. Placements for mental or sensory handicap tended to be of longer duration than that for maladjustment. In addition, some of those classified as maladjusted attended an ordinary school part-time, or from a residential setting attended an ordinary school full-time. Such differences in practices and in classification, while influencing completion of a questionnaire, were frequently only discovered during the subsequent interviews. They did, however, highlight the need for precision in definition of terms when gathering any statistics within the field of Special Education.

While only nine children were admitted to Special Education

because of epilepsy, some of the children in Special Education because of other handicaps also suffered from epileptic seizures. The follow-up interviews indicated that in many children ascertained as in need of Special Education because of epilepsy, other factors had indeed precipitated the referral.

(ii) *By Age*

Throughout the study, statistics relating to age were recorded in terms of year of birth for purposes of compatibility with the form in which data are collected by the Child Guidance Services. The year of birth as well as type of handicap of all children admitted to Special Education in 1973-74 may be seen in Table 2. It should be noted that 50 per cent of all children admitted were born between 1965 and 1968 median age 5.5-8.5 years. It is important, however, to consider age on admission in relation to handicap since the pattern differs strikingly depending on the handicap. Children with hearing defects were admitted to Special Education at an early age; children with visual handicaps were admitted at a more even rate. This can be accounted for partly by the gradual onset of blindness in some cases and partly by the lack of pre-school provision for such children.

Few mentally handicapped children were admitted to Special Education at an early age. It is mainly the severely mentally handicapped who would be identified before school age and these, of course, represent a relatively small proportion of the total. Until the Education (Mentally Handicapped Children) (Scotland) Act 1974 came into operation in May 1975 a number of the most severely handicapped children who were regarded as being unsuitable for education or training would not be considered for Special Education and would therefore not be recorded in the figures in Tables 1 and 2 even though they might well have been identified at an early age. There were reported to be 501 children in Day Care Centres and 1135 in mental deficiency hospitals in 1973/4.[1] Figures for first admissions during that year are, however, not available. With regard to 'mild' or 'borderline' mentally handicapped it is in some cases the failure of such children to meet the requirements of formal education in association with a variety of cultural factors which leads to their referral. Related to this is the fact that Authorities would not normally admit children under school age to a Special School or Class for the mentally handicapped (as opposed to a Junior Occupational Centre). Many Authorities consider Special Education only after a child has spent at least two years in an ordinary school.

1. See Richardson (1975).

The age pattern for admission of maladjusted children to Special Education is different from that for the other handicaps. More than half the admissions were born in 1961 or earlier, median age 12.5 years or above (N 121: 54 per cent). Many disturbed children who could be coped with at home are beyond parental control by secondary school age; further, the proportion of children whose problems result in exclusion from school is also greater at secondary school age; and finally the majority of children referred to the children's hearings are of secondary school age. Pressure would be placed on the Education Authorities to make provision for such children in maladjusted schools or units. A factor which should be noted in any consideration of the figures for maladjustment is the diversity of the problem which is defined in the 1954 Regulations as including pupils who suffer from emotional instability or psychological disturbance. The range of children covered is very wide and may include problems as diverse as delinquency and autism. Indeed for some of the children it is the environment which is the handicap and the 'maladjustment' a reaction to that. It is therefore possible that the type of handicap identified as maladjustment and in need of Special Education may also have differed for the younger and older age groups.

Pupils with physical handicaps also form a diverse group. As with mentally handicapped the greatest increase in admissions coincided with school age.

(iii) *By Sex*

Admissions to Special Education were higher for boys than for girls and this was found to be true throughout the age range. A significantly greater number of boys than girls was admitted with hearing defects, mental handicap and maladjustment, while sex differences for visual handicaps and physical handicap were not significant. Epilepsy and speech defects were not analysed in this way because of the small numbers but a similar pattern is found if all those in Special Education are considered. The sex difference was found in the partial hearing group (27 boys, 10 girls), the numbers of deaf being approximately equal (17 boys and 15 girls).

For the mentally handicapped children the differences applied equally to children admitted to Special Schools (632 boys, 462 girls) and children admitted to Junior Occupational Centres (105 boys, 74 girls). The scores of the mentally handicapped children who were admitted to a Special School or Class and for whom intelligence test results were available were studied and it was found that there was no sex difference with regard to those with IQ below 60 (141 boys, 140 girls); the difference was in those with IQ above 60 (491 boys, 322 girls). This would support the view that it is factors other than

intellectual ability which explain the excess of boys admitted — educational backwardness and behavioural problems being two likely causative factors.

b. Mentally Handicapped Children

(i) *Intelligence 'Quotients'*

A record was obtained of the most recent intelligence test scores of all mentally handicapped children who were admitted to Special Education in 1973-74, or who were ascertained as being unsuitable for education or training. While only six per cent had IQ below 50, 26.5 per cent had an IQ above 70. The large number of mentally handicapped children placed in Special Schools with an IQ above 70, as seen in this research and in other studies, may indicate that the intelligence quotient is not being viewed rigidly as the sole criterion of assessment. It should be noted, however, that a similar flexibility is not apparent at the lower end of the scale at the borderline between Special School and Junior Occupational Centre.

While 50.8 per cent of the children in Junior Occupational Centres had their IQ recorded as between 35 and 50 there were a number above or below that level. There was also a certain amount of overlap with regard to measured intelligence between those admitted to Junior Occupational Centres and those ascertained as unsuitable for education or training.

(ii) *Review*

In 1973-74 the total number of mentally handicapped children for whom a review involving the educational psychologist was carried out was 2536 (2098 in Special School or Class, 382 in a Junior Occupational Centre and 56 in a Day Care Centre). Seventy-five per cent were described as 'routine reviews' and most of the remainder were requested by the school or centre. Only 3.4 per cent of the reviews were at the request of a parent. The total number of mentally handicapped children receiving Special Education in Scotland in 1974 was 10,101, thus the reviews involved one quarter of the total; while the 56 children in Day Care Centres represents only one tenth of the estimated number of such children. While one quarter of those in Special Education as mentally handicapped were reviewed in 1973-74 the frequency of review varied widely from Authority to Authority. One third of the children were in Authorities where a review involving a psychologist would take place at intervals of less than two years on average. A similar pattern was found for Junior Occupational Centres with approximately one third in Authorities where reviews take place every two or three years. More than half of the 56 reviews of children in Day

Care Centres were accounted for by two Authorities. Thus not only was a child in a Special School much more likely to have a review involving a psychologist than a child in a Junior Occupational Centre or Day Care Centre but there was also striking difference in practice. The apparent extent of reviews therefore is more frequent than was found on further analysis, since a limited number of Authorities have regular and frequent reviews thereby inflating the overall results.

(iii) *Transfer*

Placement in a Special School or Class is no longer considered as necessarily involving permanent segregation (Scottish Education Department, 1974). During 1973-74, 155 mentally handicapped children were transferred back into ordinary schools. These transfers represent 1.5 per cent of the total number of mentally handicapped children receiving Special Education in 1974. It should be noted, however, that more than half of these transfers took place in seven Authorities; where on average 3.3 per cent of their Special School population was transferred, compared with an average of 0.9 per cent in the remaining Authorities. A further 134 children were transferred within Special Education during the year. In almost all cases of transfer of mentally handicapped children within Special Education, or from Special to ordinary school, a review involving the educational psychologist took place prior to the transfer.

ASCERTAINMENT PROCEDURES — FURTHER DETAIL BASED ON INTERVIEWS OF PRINCIPAL EDUCATIONAL PSYCHOLOGISTS

The Education (Scotland) Act 1969 not only made it mandatory for an Education Authority to provide a Child Guidance Service, but it also placed statutory duties upon the psychologists with respect to the ascertainment of handicapped children. Authorities were required to ensure that any child requiring Special Education or who was regarded as unsuitable for education or training had undergone both a medical and a psychological examination. This applied to all children irrespective of handicap and the psychological examination was to be carried out by an educational or clinical psychologist appointed for the purpose. Of the 35 Local Authorities in Scotland in 1973-74, 28 had their own Child Guidance Service, while the two largest Authorities also had an adviser in Special Education. At the time of the research there were 189 full-time and 21 part-time psychologists serving a school population of 1,037,182 in Education Authority schools (including 19,629 in nursery schools or classes).

(i) *Formality of Procedures*

The degree of formality of an Authority's ascertainment policies was explored with the educational psychologists by means of three questions relating to:

(1) whether medical and psychological examinations were given
(2) whether the official forms SE1, SE2 and SE3 were used
(3) whether the decisions with regard to individual children were recorded in the minutes of the education committee.

Only one Authority was formal to the extent of invariably having a medical and psychological examination for all handicapped children, of using SE forms for every handicap, and of recording in the Education Committee minutes. From the details shown in Table 3 it may be seen that the pattern varied for different handicaps with the greatest tendency to formality being evident with regard to mentally handicapped. As far as the other handicaps were concerned ascertainment was very often a medical matter with no involvement at any stage by the psychologist. The pattern for ascertainment of maladjusted was very varied with the organization of maladjusted units in some areas the responsibility of the psychologist.

TABLE 3

Number of Authorities holding medical and psychological examinations and completing any SE forms

	Medical and Psychological Examinations				Completion of any SE forms			
	Always	*Usually*	*Some-times*	*Never*	*Always*	*Usually*	*Some-times*	*Never*
Deaf	15	3	7	3	5	2	4	17
Part hearing	15	5	6	2	5	3	4	16
Blind	11	4	8	5	5	3	4	16
Part sighted	12	4	8	4	5	3	5	15
M.H.	22	5	1	—	19	4	4	1
Epileptic	10	2	8	8	6	2	5	15
Speech defect	7	3	8	10	4	1	3	20
Maladjusted	13	3	7	5	4	2	7	15
P.H.	9	5	11	3	5	3	9	11

Eleven Authorities (of 28) recorded all decisions to provide Special Education in the Education Committee minutes, eight only in cases where the decision necessitated placing the child outside the Authority while in six Authorities the decisions were never minuted. In only seven Authorities, however, were the children

identified by name. Formality of procedure did not appear to be related to size of Authority.

(ii) *Ascertainment Teams*

In follow-up interview information was obtained also on the existence of ascertainment 'teams' of specialists and eighteen such teams were identified in eight Authorities; some of the teams were, however, responsible for children from a wide geographical area. This was true of the teams covering sensory handicaps. Some schools, mainly residential schools taking children from all parts of the country, had their own teams. Opposing viewpoints were expressed with regard to inviting parents to ascertainment team meetings.

(iii) *Special School Placement and Parents' Wishes*

In ten Authorities, although the policy was not explicitly laid down, it was the opinion of the Principal Psychologists concerned that Special School placement would not be enforced against the wishes of the parents; in others it would at least be delayed.

(iv) *Formal Communications with Parents*

Very few Authorities issued standard letters to parents at any stage in the ascertainment procedure with the exception of the letter from the Director of Education informing parents of the decision and indicating the time and place at which the child should be enrolled. Half of the Authorities routinely informed parents of their right to ask the Authority for a statement of reasons for their decision and also their right to refer the case to the Secretary of State. During session 1973-74, thirty-two cases were referred to the Secretary of State and in one in four such cases the appeal was upheld. The appeals represent 1.7 per cent of those admitted to Special Education during the session but were more common in certain Authorities.

(v) *Screening and Mental Handicap*

More than half the Authorities were reported by the psychologists as preferring that a child should spend about two years in ordinary schooling before being transferred to a Special School or Class on account of mental handicap. Although 12 of the 28 Child Guidance Services reported involvement in screening of all children, in only seven of these was the identification of children requiring Special Education reported as a principal purpose of the screening.

(vi) *Functions of the School Medical Officer*

In 24 out of 28 Authorities it was reported that all children received some kind of medical examination before going to a Special School or Junior Occupational Centre; while in the remaining Authorities the examination tended to take place after admission. In some Authorities the medical and psychological examinations might be conducted on the same day. Some Authorities reported long delays between initial referral of a child and the completion of the ascertainment procedure, some suggested that six months would be an optimistic estimate of the time involved.

(vii) *Review*

Reviews of handicapped children were reported by all Authorities but in most there were no review arrangements for any children other than the mentally handicapped. Procedures for reviews also varied widely. There was evidence that some Authorities were moving towards a policy of regular review but were still faced with a backlog of cases. The purpose of review tended to be seen as a check on whether the Special Education placement was still the appropriate one. There were, however, different views expressed as to whether transfers were likely to result from review and some Authorities would commonly give advice on the management or training of the child. There were few instances of any involvement of the parents in any review. While most Authorities did have routine reviews of school leavers, this did tend to be restricted to the mentally handicapped; seven Authorities had a leavers' panel.

(viii) *The Role of the Psychologist in Special Education*

A final question to the psychologists was on their conception of their role within the Authority. All were involved, of necessity in ascertainment and review, and most in training programmes or advice in handling children; half were involved with in-service training and a few in curriculum development while in one Authority Special Educational services were the responsibility of the Principal Psychologist.

MALADJUSTED SCHOOLS IN SCOTLAND

At the beginning of 1975 there were 23 Special Schools for maladjusted children in Scotland, 12 were residential; 428 places were available in residential units and 276 day places. The 14 schools and units selected for follow-up accounted for over half of these places. During the period of the study a number of maladjusted children were being cared for in other forms of provision including children's departments of psychiatric hospitals.

The general pattern of admission procedures in all the maladjustment schools was very similar. First a child would be referred by the Child Guidance Service which accounted for the bulk of referrals or by the school medical service, by the Social Work Department or a psychiatric department. All but two of the fourteen schools in the follow-up were the responsibility of the Child Guidance Service (these two were independent schools); while in five an educational psychologist from the service was headmaster of the school or unit. There was a selection panel for all but two of the Education Authority schools, in these latter cases the head teacher was responsible for the final decision.

The majority of children in the maladjusted schools and units belonged to one or other of two groups. One group consisted of children whose behaviour was difficult to control at home or in ordinary school; many of these had a history of delinquency or school exclusion. The other group had problems which were more neurotic, culminating in refusal to attend school. Of 178 children admitted in 1974-75, 42 per cent were 'disruptive', 35 per cent were school refusers, the remaining 23 per cent suffered from a variety of other problems including chronic enuresis, autism and brain damage. Most schools set limits on the kind of behaviour problem they would accept — reasons for not accepting a child included 'hard core' delinquency, maladaptive behaviour associated with low intelligence or with epileptic seizures. It would clearly have been difficult to find a place for any child ascertained as maladjusted who was also of low intelligence.

While three-quarters of the children had been, prior to admission, on the roll of ordinary schools, a large number had not been attending. The residential schools had, as would be expected, fewer admissions from ordinary school.

Some schools catered only for primary or secondary age children. It was, however, unusual for a child to be admitted before seven years of age and there appeared to be a peak in admissions in all-age schools at 13-14 years of age. The average length of stay in the

units was twenty months, this would, of course, be influenced by the age on admission. The pattern found did indicate that maladjustment was viewed as a temporary handicap, since 18.3 per cent left school on discharge and a further 47.3 per cent returned to ordinary schools; the remainder were transferred to other units.

IMPLICATIONS

(i) *Identification*

The first stage in the process of ascertainment is the identification of children in need of Special Education. Few Authorities used screening as a major source of identification of handicapped children in their area. Authorities considering ways of improving identification of children with special needs, should, however, bear in mind the dangers of widespread screening as well as its advantages. There is all too much evidence that expectations are as important as screening procedures, and that for every feature thought to be related to failure, it is possible to find children who have succeeded in spite of that deficit.

The role of class teachers and parents in the identification of children with special needs is an important one; each has sensitivities which should not be ignored but heightened. Many parents are aware of their children's strengths and weaknesses long before the professionals, and are also able in many instances to play a major role in their children's development. There is at present little or no evidence of the involvement of parents of school-age handicapped children The most that can be said is that some children have not finally been ascertained as in need of Special Education because their parents would not cooperate; that some parents have appealed successfully against the decision to place the child in Special Education; and that some reviews have taken place at the request of parents.

How best can it be ensured that teachers and other professionals are sensitised to the identification of children with particular needs and how these can be met?

(ii) *Assessment*

It is clear that within the existing framework of handicaps the appraisal of a child's needs requires educational, psychological, medical and social assessment. There was limited evidence that such information was available or was coordinated. It would appear that, depending on the handicap as perceived, one aspect took

precedence. While it is too simplistic to think in terms of multiple handicap it is important to ensure that assessment and placement take account of all the key variables and not that some take precedence because of the source or type of referral — or the existence of provision.

The notes of guidance which accompanied the recently issued forms for use in Special Education in England and Wales, Circular 2/75 (Department of Education and Science, 1975), do stress the role of class teachers not only in identifying children with special needs but also in helping them. Special Education is taken in that circular to include not only long-term specialised education but also short-term remedial provision. To quote:

> "For some children, Special Education may consist of long-term specialised education or short-term remedial provision in their own primary or secondary school. For others, Special Education in a Special School, unit or class may be required."[2]

Although forms are still to be available for completion as part of the assessment procedure, it is also stressed in the circular that formalised ascertainment is becoming rarer. Accompanying the regular forms is a new form, SE4, which is planned to assess the provision in terms of a child's needs rather than handicap and which is to be used parallel to the official categories.

To what extent are any weaknesses in assessment in Scotland the result of lack of resources, lack of provision, or lack of channels of communication? Is a change in the categorisation of handicap or in the official forms necessary, or can any desirable changes be effected within the existing framework?

(iii) *Review and Transfer*

There was little evidence of review of progress on a regular basis for children in Special Education or of transfers from Special to ordinary schools although Authorities are charged with the responsibility of keeping progress under review. There seemed evidence not only of limited numbers of reviews but also of a limited concept of review, and in few instances did this appear to represent an ongoing assessment or monitoring of progress within Special Education. Where there was no progress it would be as pertinent to question the original decision to place the child in that environment as to use it as a confirmation of his need to remain there.

How can the reviews of progress be extended and improved and what indeed is their purpose? What are the factors relevant in

2. Department of Educational Science (1975), p 5.

determining the suitability of a transfer from Special to ordinary education?

(iv) *Provision*

While there are difficulties in ensuring adequate provision of Special Education for all children with special needs, there is also the question of determining the appropriate provision where children have more than one problem — for example, when they are both maladjusted *and* mentally handicapped, or epileptic *and* a behaviour problem. Children in Special Schools and units did suffer from the handicap according to which they were ascertained. The type of provision available and the need to obtain some alternative placement for such children, however, influenced the decision to ascertain at least as much as the nature and severity of the handicap. This seemed true of children ascertained as maladjusted, epileptic and even blind.

To what extent does the available provision colour the categorisation by handicap, and in what ways do the categories of handicap limit the perception of children's needs? In what way does the provision of a residential establishment colour the type and severity of referrals to that unit?

The appropriateness of provision does not, however, depend on the formality or otherwise of the procedure or on the rigidity or flexibility of the categorisation, but rather on the sensitivity and skills of the professionals involved, coupled with a willingness and a power on the part of the administrators to make the necessary provision. Mandatory legislation at least ensures some provision at a time when permissive legislation would result in none.

Special Education must define goals for the individual children with whom it is concerned with both clarity and precision. The warning expressed by Howells in *Remember Maria*[3] is pertinent – that committees, case conferences, teams and huddles are "time-consuming, expensive and operate at the speed of the dullest, slowest or most awkward." He accepts that people should come together for quick discussions "at the interface of a problem" but pleads for professional responsibility unhampered by a 'pyramid' structure which tends to distance experts from the problem or result in the overriding of professional decisions by those higher in the pyramid. It is imperative that those involved in identification and assessment of children with special needs appreciate the effect of the instruments used, and the interpretations placed upon the

3. Howells (1974).

results, both for good and ill. Identification and assessment should be seen as part of the educational process which means there is a responsibility to encourage in class teachers in ordinary, and in Special Schools, both a sensitive observation of their children's progress and an awareness of their needs. Only then can it be ensured that some children's needs are not neglected because they fail to be ascertained, and that ascertainment does not result in only a narrow interpretation of the needs of others. A continuing dialogue between the variety of professsionals and the parents should ensure that reality is seen from more than one side of the mountain.

Within the terms of the Education (Scotland) Act 1969, Special Education means:

> "Education by special methods appropriate to the requirements of pupils whose physical, intellectual, emotional or social development cannot, in the opinion of the education authority, be adequately promoted by ordinary methods of education, and shall be given in special schools or by other appropriate means."

It is important to bear in mind that the focus of this present Report on Ascertainment has resulted in a concentration mainly on Special Education provided within separate and clearly defined units. A comprehensive study of the extent to which an Education Authority is meeting the duties laid down by the Education Act would also require a study of the extent of Special Education provision suited to a child's needs 'by other appropriate means' and not in a Special School or Class. This would of necessity require an analysis of the provision of remedial education in both primary and secondary schools, of staffing in ordinary schools, of additional resources available within and to the ordinary schools and of support and services by psychologists, doctors, speech therapists, social workers and others. Not least it would, however, also require some clear definition of what is meant by 'ordinary methods of education' as stated in the Act. There would probably be as many definitions as there were respondents and yet the decision as to the breadth and depth which is to be considered 'ordinary' determines what is defined as 'special'.

Bibliography

EDUCATION (Scotland) Act, 1962.
EDUCATION (Scotland) Act, 1969.
EDUCATION (Mentally Handicapped Children) (Scotland) Act, 1974.

DEPARTMENT of Education and Science (1975). *The discovery of children requiring special education and the assessment of their needs* . Circular 2/75.

HOWELLS, J G (1974), *Remember Maria*. Butterworth.

RICHARDSON, J N (1975). *Regional patterns in the education and training of severely mentally handicapped school-age children in Scotland*. Scottish Society for the Mentally Handicapped.

SCOTTISH Education Department (1974), *Education in Scotland in 1973*. A report of the Secretary of State for Scotland. HMSO Cmd 5596.

The SPECIAL Educational Treatment (Scotland) Regulations, 1954.

X

SPECIAL EDUCATION AND THE SCHOOL MEDICAL OFFICER

Maud P Menzies

It is a failure of medical services if the first interest taken in a child seen to require Special Education coincides with reaching the age for entry into school. From the notification of birth to the Health Authority, the baby should become the interest of the Child Health team. The health visitor informed about any factors at birth which might constitute a risk to the baby's normal development, or of any recognised defect, has a duty to visit the home soon after birth, and it is she who plays the most important role at this stage, giving supportive help to the mother and ensuring that all other members of the team are called in when necessary to play their several parts.

The family doctor, the clinic medical officer of the Health Board and the hospital paediatrician are likely to the members of the team in the early days when growth and development are being observed, diagnosis made, and possible treatment being initiated. It has become customary to refer to this phase as one of 'screening' but it is essentially a procedure for making a diagnosis of handicap and is essential for early ascertainment of any deviation from normal development. Where such deviation becomes apparent, other members of the Child Health team are required to play their part. Where defects of vision or of hearing are discovered, the consultant ophthalmologist or the otologist who works with the Audiometric Unit will examine the child and advise on the condition and the degree of handicap present, at the same time arranging for any treatment to be provided. It is at this stage too that paramedical staff, the audiology technicians, occupational therapists or speech therapists may become part of both the diagnostic as well as the therapeutic group. With physical defect, the paediatric surgeon or orthopaedic consultant gives his advice and treats; the physiotherapists of the School Health Service facilitates treatment by arranging for physiotherapy to given at peripheral clinics as near as possible to the child's own home, having been alerted by their hospital colleagues of a child returning home after hospital treatment.

To be of benefit to the child and family, there must be willing

communication and cooperation by all concerned, and frequently it is the health visitor who ensures that this takes place, with the school medical officer advising and correlating. It is now becoming customary in special conditions like spina bifida for a hospital surgeon to arrange for meetings of these varied members of a team, including the health visitor concerned, and to discuss the child's progress or problems with each member of the team offering information from her experience of the child and family. In this way medical officers, both those who may be involved in assessing development and those who may later have the care of the child in educational life, begin to know about child or family problems. It is the practice, too, to provide where necessary genetic counselling for parents who have a child handicapped in this way.

A medical officer experienced in school health work from the outset studies the development of a child with placement in school ever in mind, whatever may be the defect found, and soon it becomes necessary to seek the help of the educational psychologist. At this stage it is now the custom to talk of Development Assessment — a term which to some means a very special procedure to arrive at what is a diagnosis but to a school medical officer means the assessment of a child's capacity for education — and in consultation with educational colleagues arriving at a decision on the best forms of education required to help the child. It may be that entry to a nursery school or, where there is mental handicap, to a Day Centre, may be considered the best way to endeavour to improve the capacity of the child and give support to the parents, but this is a team decision involving the Adviser in Special Education, the head teacher of the educational establishment concerned, the hospital consultant in conditions such as visual and hearing loss or orthopaedic defects, and a senior school medical officer with special training and interest in the particular problem, as well as the educational psychologist, who has seen and tested the child in the family home setting. The school medical officer may also have visited the home. It is usually the practice for the team or 'panel' as we tend to refer to it, to interview parents and child and to discuss with them the recommendations being made for the child. This is essentially a sharing of expert knowledge and a consensus decision.

In Glasgow we are fortunate in having special pre-school provision to offer for many of the handicaps. As well as Day Centres for mental and physical handicap there are nursery schools for visual defect, hearing loss, cerebral palsy and for spina bifida. One great advantage of screening babies and of early ascertainment of defect is the knowledge it provides of the type of defect and the

numbers in the child population, thus enabling medical and educational colleagues to make provision for early educational help as was done in Glasgow when the nursery class was set up for the small group of thalidomide children.

While in nursery school the child may have assistance from members of the community paramedical services of the School Health Service. Speech therapy may be provided, and in the nursery class for cerebral palsy and spina bifida children attached to the school for severe cases of cerebral palsy both occupational therapy and physiotherapy with hydrotherapy are available.

When the child is due to enter formal education the same panel members examine the child and, with the additional information supplied by the teachers who have observed the child in the time spent in the nursery school, a decision is made about placement in school. It is customary to discuss this with the parents, hearing their opinions also on their child's developmental progress.

The school medical officer continues to be involved with the child's health and progress through the school years, being ready to involve whatever specialist help is required, relating to the family doctor where exchange of information is beneficial, and readily available to help the class teachers in understanding the medical aspects of the child's problems.

Where handicapped is discovered after the child has attended school, most frequently backwardness or mental handicap or the onset of epilepsy which may prove intractable, the school medical officer (who must be specially trained for this purpose) plays a part in the formal classification of the child for Special Education. In most circumstances all those involved, the teacher of the ordinary school, the educational psychologist, the school medical officer and the parent, are in agreement with the need to transfer the child to Special Education but, where any one of this group is in disagreement, a panel consisting of the Adviser in Special Education, the Principal Educational Psychologist and a Senior School Medical Officer meet, review the report, and agree on the procedure to be adopted in the light of what is most suitable to help the child. The part of the medical officer is strictly advisory to educational colleagues but advice must be based on understanding of educational procedures and provision as well as on insight into the emotional and social aspects.

Where a child has such a degree of physical handicap as to prevent attendance at any school, and provision of home tuition is being considered, the school medical officer visits the home and by examining the child and discussing with the parent the suitability

of the home as well as the fitness of the child to participate, advises the Special Education Department on providing home tuition. It is customary to supervise by regular visits to the home so that recommendations can be made whenever the child is fit to attend school, or it may be that the visiting teacher reports some change and an earlier visit by the school medical officer may be required.

Certain school medical officers attend at the clinics of the Child Guidance Service, examining children at the request of the educational psychologists and in general arranging for any forms of medical treatment which may be required. Where maladjustment is associated with backwardness it is not unusual for classification for Special Education to be set in motion following consultation with educational psychologist, school medical officer and parent at clinic level.

At school leaving age the school medical officer has a duty to advise the Careers Officer and the medical officer of the Employment Medical Advisory Service on the capacity and suitability of the school leaver for employment, and in certain cases a report is made to the Social Work Department so that the responsibility for care of the young person passes over smoothly from Education.

Throughout the period of growth, development and education, the school medical officer is involved but this must always be as part of a team basically consisting of colleagues in Special Education and Child Guidance. In all activities there must be close liaison and recognition of the importance of free communication between the services.

XI

THE DEVELOPMENT OF CHILD GUIDANCE SERVICES

R K McKnight

By the end of the nineteenth century child psychology had become an established subject in the universities. In 1884 Galton, who had advocated the scientific study of individual children, opened in London the anthropometric laboratory which may be regarded as the first Child Guidance Clinic. Sully in 1896 opened a psychological laboratory to which teachers and parents were invited to take difficult children for examination and advice on treatment.

The new body of knowledge found a practical application in the schools when the education of children became compulsory. Numbers of backward children were brought into the schools for the first time and Special Education was introduced. Child psychology provided the means for assessing children's abilities and identifying those requiring Special Schooling.

Sully had suggested the need for a new kind of specialist with a specifically psychological training and a landmark in the history of Child Guidance was reached with the appointment in 1913 by the London County Council of Cyril Burt as psychologist in its Education Department. Burt, whose concept of his role as educational psychologist was very comprehensive, exerted a powerful influence on the practice of educational psychology and the service he established is the forerunner of the present-day Child Guidance Services in Scotland.

The impact on schools of the new science was particularly strong in Scotland where the teacher training institutions made courses in educational and child psychology an essential part of their curricula. It was due to the important place accorded psychology in the training of teachers that when Child Guidance Services were established they were part of the education service and not, as elsewhere, a branch of medicine.

In the 1920s an increasing interest in the mental health of children led to the establishment in all four universities of a higher degree in education and psychology, the degree of Bachelor (later Master) of Education. Only trained teachers were enrolled on these courses and graduates with the new degree carried new ideas into the

schools. For the next 50 years teachers with the Bachelor of Education degree were the main source of recruitment for Child Guidance Services.

In the middle years of the same decade Dr Boyd established an 'educational clinic' at Glasgow University and Professor Drever ran a 'psychological clinic' at Edinburgh University, these being the first Child Guidance Clinics in Scotland. Notre Dame Child Guidance Clinic was opened in 1931 and, being funded in part by the Commonwealth Fund of America, it was organized on the basis of the three-member team — psychiatrist, psychologist and social worker — favoured by that organization. At Aberdeen University a Child Guidance Clinic was established in 1932 and the interest of the teachers' training colleges in educational psychology led to the establishment of clinics in five of the six institutions.

The first appointment of a child psychologist in Scotland was that of Kennedy Fraser in 1923. He was appointed jointly to Jordanhill Training College, where he trained teachers for schools for the mentally handicapped, and to Glasgow Education Committee as psychological adviser. The first Education Authority to employ a psychologist on a full-time basis was Glasgow in 1937 and by the outbreak of hostilities in 1939 there were eleven clinics in Scotland, most of which were voluntary. Though the war slowed down developments several Authorities established Child Guidance Services in the war years and the problems of learning and behaviour were examined afresh when they were highlighted by the evacuation of children and the disruption of family life by conscription.

Seven Authorities were providing services by the time the Education (Scotland) Act 1946 empowered Education Authorities to establish Child Guidance Services. This Act also stated the functions of a Child Guidance Service to be to study handicapped, backward and difficult children, to give advice to parents and teachers as to appropriate methods of education and training and in suitable cases to provide special educational treatment in Child Guidance Clinics.

Another influential document which provided guidelines was the report in 1952 by the Advisory Council on Education in Scotland on *Pupils who are Maladjusted because of Social Handicaps*.[1] The broad view of Child Guidance expressed in this report is seen in its recommendation that "the child guidance service is essentially a

1. Scottish Education Department (1952).

psychological service, and it should be brought to bear on all manner of problems in the educational world requiring psychological knowledge and skills."

During the 1950s a city service with one psychologist for every 7,000 of the school population was considered to be relatively well staffed at a time when growth was slowed down by the national shortage of suitable recruits. This service was staffed mainly by psychologists but it also employed its own social worker and exceptionally close cooperation existed with other professions, a medical officer, two psychiatrists and a speech therapist each spending a session weekly in the Child Guidance Centre. Only in a few places in the country were links with child psychiatrists possible because in Scotland child psychiatry was a much later development than child psychology.

Eighty per cent of the children were referred to this service by schools, indicating the key role of the teacher in detecting children in difficulty. Though the teacher's contribution to the subsequent adjustment of these children was recognised, the amount of time spent by psychologists in the schools was limited to occasional school visits to discuss the case, and most of the work of the psychologists was conducted in the Child Guidance Centre. About 30% of the psychologists' working time was spent on assessment of children for Special Education, the remainder being devoted to clinic treatment of children exhibiting emotional or behavioural problems and learning difficulties. In session 1955-56 a class for maladjusted children of primary school age, a rare provision at that time, was established.

The service described above, in many ways typical of Child Guidance work in the country, was already fulfilling the functions of Child Guidance as stated in the 1946 Act and repeated in the 1962 Act. There was, however, no uniformity of provision over the country in level of staffing or range of functions. One duty common to all was the assessment and categorising of children according to the nature and degree of handicap. The administration of psychometric tests and their interpretation took up much of the psychologists' time, especially where psychologists were involved in the process of selection of children for secondary education. Though Child Guidance concentrated most attention on the individual child there were some exceptions, especially in the field of remedial education. In Edinburgh, for example, a well-developed remedial service was provided by remedial teachers controlled by the Child Guidance Service. This approach, delivering a service through

workers other than psychologists, pointed the way to future developments.

The Education (Scotland) Act, 1969, made provision of a Child Guidance Service by Education Authorities mandatory and to the list of functions outlined in the 1962 Act it added the giving of advice to a Local Authority within the meaning of the Social Work (Scotland) Act, 1968, regarding the assessment of the needs of any child for the purposes of any of the provisions of that Act.

Most Authorities had established Child Guidance Services before the 1969 Act and a survey in 1964 reported that a service was provided in 27 of the 35 Education Authorities with several of the remaining eight making use of the service of a larger neighbouring county.

Successive Education Acts and a series of Scottish Education Department reports on the various handicaps[2] emphasized and extended the role of the educational psychologist but prior to the 1969 Act growth and development had proceeded slowly. This was due to a number of factors including a limited supply of recruits to the profession, loss of experienced personnel to other sectors of education, lack of research and failure to publicize worthwhile developments beyond the boundaries of the services concerned. The practice of appointing H.M.I.s with Child Guidance experience to be responsible for Special Education helped greatly in the dissemination of such information.

Nevertheless, the great changes which took place in the educational services and in society at large presented new challenges which resulted in change and growth. Fortunately, just as the traditional source of supply of psychologists began to dry up as more and more teachers with the M.Ed. degree found good opportunities in schools, a new source became available with the establishment from 1962 of postgraduate courses in educational psychology for graduates with a first degree in psychology.

Especially within the last decade there have arisen both the need and the opportunity for development and rethinking. The change to comprehensive secondary education with mixed ability groups and common courses brought new demands from secondary schools. The raising of the school leaving age to 16 years and the expansion of nursery school provision resulted in greater involvement with

2. Scottish Education Department (1950, A & B); Scottish Education Department (1951, A, B & C); Scottish Education Department (1955); Scottish Education Department (1964); Scottish Education Department (1967); Scottish Education Department (1969).

pre-school and adolescent children. The expansion and reorganization of social services, together with the statutory duties of the 1969 Act regarding Social Work Departments and Children's Panels, required educational psychologists to become part of the multi-disciplinary assessment teams servicing Children's Panels and resulted in considerable increase in cases referred for Child Guidance treatment by social workers and Children's Panels. The reorganization of the health services resulted in new thinking and led educational psychologists, who for long had worked in close cooperation with the school health service and had been developing closer links with the expanding child psychiatric service, to seek ways of collaborating more closely with general practitioners, paediatricians, community health doctors and health visitors. The reorganization in 1975 of local government into regional and island authorities provided new opportunities. In many cases psychologists found themselves working as members of quite large teams with opportunities for improving the services provided by an increase in specialist skills. A new structure for Child Guidance appeared with a regional principal psychologist heading the service in all regions except the largest, Strathclyde, in which Child Guidance Services were organized at sub-regional level, the sub-regions being with minor changes the old authority areas.

In January 1976 the Child Guidance Service in Scotland was staffed by the full-time equivalent of 259 psychologists, giving a ratio for the country as a whole of 1:3900 of the school population. This ratio, however, masked quite wide variations within the country. The comparable figure for 1972 was 160 psychologists. The trend is encouraging as a less than adequately staffed service is likely to be restricted to a narrow interpretation of its statutory duties. The national target is 300 by 1980.

CHILD GUIDANCE AND SPECIAL EDUCATION

The Special Educational Treatment (Scotland) Regulations 1954 distinguished nine categories of handicap requiring special provision. These are the deaf, partially hearing, blind, partially sighted, mentally handicapped, epileptic, speech defective, maladjusted and physically handicapped. The Chronically Sick and Disabled Persons Act 1970 added three categories of children, the autistic, the deaf-blind and the dyslexic, for which Authorities were required to provide returns to the Scottish Education Department.

The ascertainment procedures for children requiring Special

Education are governed by the Education Acts of 1962 and 1969. The main effect of the Education (Mentally Handicapped) (Scotland) Act 1974 was to make Education Authorities responsible for children of school age previously excluded from the system as being unsuitable for education or training. This was the result of growing recognition that all children can benefit from suitable education or training.

The 1969 Act requires Education Authorities to take into consideration medical, psychological and school reports, the views of parents and any other relevant information. Thus a psychological examination became mandatory before any decision was made to provide a child with Special Education. The same Act stipulated that Authorities must keep under review cases in which they have decided that the child requires Special Education. Parents have the right to request a review at the end of each twelve-month period. In session 1973-74 the number of children whose cases were reviewed indicated that for the country as a whole a psychologist would review a child once every four years except for severely mentally handicapped children who would be reviewed every five years. There were very wide variations from one Authority to another. The percentage of children transferred from Special to ordinary education also varied widely and in most Authorities few such transfers occurred.

Ascertainment of handicapped children is carried out by a team, membership of which varies with the nature of the handicap but which normally includes the head teacher, medical officer, educational psychologist and, possibly, social worker. Paediatricians may be involved and, for certain handicaps, child psychiatrists or other appropriate medical specialists.

Children with severe mental handicap, sensory or physical disabilities are discovered usually by medical personnel and the psychologist's role is to determine to what extent the disability has reduced the child's opportunities for development and his capacity for learning and living and to assess its affect on his personality.

Though categorising children according to handicap may be necessary for administrative purposes, psychologists are aware that there is overlap between categories, that multiple handicap is the rule and that the categories do not form educational categories and are of limited use for educational purposes. The psychologist is concerned with the child's educational and other needs and the purpose of the psychological assessment is to provide a profile of the child's abilities and an analysis of his personality. In the past the

evaluation of personality has tended, except in the case of maladjusted children, to be cursory at the time of initial assessment. Yet, a handicapped child is, above all, a child like any other, with the normal social and emotional needs of childhood, and the existence of his disability may make it more difficult for these needs to be satisfied adequately. Consequently, investigation of the child's emotional condition, his self-image and his aspirations and motivations are just as important as testing language and intellectual skills, since these non-cognitive factors have great relevance when teaching strategies are being considered.

The assessment of a child's needs is a continuing process lasting throughout the child's school career. It is now the aim of psychologists to make use of detailed assessment as the basis of prescribed educational treatment. Formerly, it was more often left to teachers and others to incorporate the psychologist's findings in their treatment or teaching programme. The more recent view regards assessment and treatment as processes which must be linked together. In turn this means the psychologist must develop a wider repertoire of assessment techniques.

At all times it is essential to obtain and maintain the goodwill and active cooperation of parents. It is often possible to have parents contribute to the assessment of the child so that they feel they are participating. Psychologists now devote a considerable amount of time to parent counselling and guidance, starting whenever possible when the child is young. The parents of young handicapped children are a particularly vulnerable group who need guidance in the management and training of their child and help in coming to terms with the feelings of shock, inadequacy, overprotectiveness, guilt or embarrassment resulting in social isolation which are commonly experienced. Since individual interviews are very time consuming they can be supplemented by parent workshops and group discussions. It is well established that the extent to which a child's disability becomes a handicap is determined largely by the parents' attitudes. In addition, it is good for the self-confidence and self-esteem of the parents that they should be able to contribute to their child's development. This kind of parent involvement is likely to prove one of the most fruitful of all current developments.

A useful contribution can be made by the educational psychologist by means of in-service training, both formal and informal, of teachers of handicapped children. Such training may cover not only the techniques of teaching but also parent guidance, to enable teachers to advise parents more effectively on the management and training of their children. The psychologist is now equipped and

willing to offer a more effective contribution to educational and therapeutic programmes for individual children. These programmes should be regarded as experimental and used as a means of contributing to continuous assessment.

PRESENT PRACTICES AND TRENDS

Child Guidance has two main aims: to help individual children in order that their psychological or educational problems may be alleviated or their needs more appropriately provided for and to contribute to the development and adjustment of children in general by assisting home, school and community to a better understanding of the forces which foster good adjustment and mental health. The psychologist, in fulfilling this dual role, employs a number of skills related to five main areas of activity — assessment, treatment, prevention, advisory services and research.

Children are examined to discover the nature of their needs, problems and disabilities. To supplement information obtained from psychological tests psychologists are making increasing use of real life situations by observing the child in the natural setting of the home or school rather than in the clinic. There is also greater provision of assessment units, established by Child Guidance, medical or social work services, which enable more adequate assessments to be made over a period of time and which facilitate the multi-disciplinary teamwork which is essential.

In addition to treatment of individual children provided by the psychologist there is growing recognition that an effective way of helping greater numbers of children is to engage the cooperation of teachers, child care workers and others responsible for children in providing the kind of experiences the child needs. Indeed if it is a sign of maturity in a profession that its members seek to share their knowledge and expertise with others, educational psychology may claim to be approaching that stage of development. Help is offered to class teachers in classroom management, to secondary guidance teachers in developing counselling services and acquiring skill in counselling and to remedial teachers in diagnostic, remedial and counselling techniques and the staffs of children's homes are guided and supported to enable them to provide an appropriate environment for children who have suffered various kinds of deprivation.

Many of the day schools and units for maladjusted children which have been established by Education Authorities have been the product of Child Guidance initiative. At the beginning of 1975 there were eleven of these, all of which were the responsibility of Child

Guidance, with five having as head an educational psychologist from the Child Guidance Service.[3]

Child Guidance has always been intimately concerned with remedial education and a recent report[4] states that "the Child Guidance Service in Scotland is assigned on the whole a major role in the provision of remedial education. In only a very small number of Authorities does it play no part." Many psychologists are involved in helping to establish policies, selecting remedial teachers and providing in-service training, advising teachers on the needs of individual children and appropriate materials and methods, and in promoting and evaluating new developments.

Epidemiological studies indicate that the number of children requiring help because they exhibit symptoms of emotional instability, psychological disturbance or school failure is too great for the traditional service delivery to be effective. For this reason educational psychologists have been turning their attention to early identification of children 'at risk' and to measures of a preventive kind. In particular, parent education programmes of one kind or another have been introduced in recent years in the form of lectures, discussion groups or a 'workshop' type approach. These are logical extensions of the work with individual parents traditionally undertaken by psychologists.

In work with parents of educationally disadvantaged children of pre-school age it has been found[5] that in addition to cognitive and language gains made by the children, level of parental aspiration is increased and parental attitudes to school made more friendly and supportive. Above all, parents derive satisfaction from knowing they are fulfilling their parental role more adequately.

Educational psychologists recognize there is a need for a widespread counselling service for parents of young children with the emphasis on prevention of developmental difficulties and on helping them to support their children in their school careers and in future psychologists are likely to work more with young children and their parents through health centres, day nurseries, nursery schools and pre-school playgroups and collaborate more closely with paediatricians, child health doctors, health visitors and social workers in identifying and assessing children at risk.

In the same way psychologists are attempting to make a more widespread impact on children in schools through working with

3. Clark and Mackay (1976).
4. Scottish Central Committee on Primary Education (1974).
5. Donachy (1976).

groups of teachers and by advising on psychological aspects of curriculum development and contributing to the planning of all educational projects, including buildings, resources and school organization.

The Child Guidance Service possesses a considerable research potential and the resources of the service are increasingly made available for research, experimentation and for the dissemination of research findings. Attempts are made to assess to what extent the services it provides are appropriate and adequate. There is always a need for research and for inbuilt evaluation to guide the development of the service and its deployment of highly trained staff to best advantage. Similarly, new procedures in schools can be evaluated objectively.

The range of duties required of the educational psychologist has become so wide that some degree of specialisation has become necessary. Such specialisation, which need not be full time, provides a service with a team of consultants who can advise other members of staff on problems in their special field. Such specialisation has greatly added to the expertise of Child Guidance staffs.

A brief account of a Child Guidance Service for a populous area which had achieved a staffing ratio of one psychologist for every 3,000 of the school population by the 1970s will serve to indicate some present practices and trends.

Each of the three major population centres has a Child Guidance Centre, one of which serves as the administrative headquarters for the service. Children attend these centres for treatment for emotional, behavioural and educational problems but the bulk of such treatment is carried out in 'clinics' held in about 50 schools. This policy is intended to ensure the service is not too clinically orientated and lacking in sensitivity to the real needs of the schools. The psychologist operating a clinic in a school becomes intimately involved in every aspect of the life of the school. He is consulted on a wide range of topics so that his contribution is much greater than if he offered treatment in a Child Guidance Clinic.

Sixty per cent of the children are referred for education reasons and 40% for emotional or behavioural difficulties. School referrals account for 75% of the total, doctors 10% and social work departments 9%. The remainder are referred by parents and others.

Two psychologists are heads of day units for maladjusted pupils, the aim of which is, by establishing a therapeutic environment, to enable as many children as possible to return to full-time attendance at the ordinary schools. It is envisaged that these units will

develop into resource centres for dealing with maladjusted children.

Handicapped children are ascertained by teams which include educational psychologists and whether the child is placed in a Special School or, as is increasingly the practice, an ordinary school, the psychologist reviews the case regularly and provides ongoing support. A senior clinical medical officer notifies the service of young children discovered to have a handicap and joint assessments are made from an early age and over a period of time. Particularly in the schools for severely and profoundly mentally handicapped, in the Day Care Centres for pre-school handicapped children and in hospital units for the mentally handicapped detailed programmes are devised for each child on the basis of the psychological assessments. Likewise in schools for mildly mentally handicapped and physically handicapped pupils greater emphasis is now laid on the development of prescriptive material and appropriate curricular activities. As the result of a survey of parents of severely mentally handicapped children the resources allocated to helping such parents are being augmented. Workshops for parents of handicapped children are operated and in-service courses conducted for teachers of handicapped children. In two of the Child Guidance Centres there is a unit for pre-school children with developmental difficulties, especially language problems. These units are well serviced by visiting speech therapists, paediatricians and child psychiatrist.

A team of remedial teachers provides a service in primary schools. The Child Guidance Service selects and trains these teachers and provides continuing advice and support. For children who fail to make satisfactory progress in spite of considerable remedial help there is an intensive remedial reading unit in the central Child Guidance Centre.

One psychologist has responsibility for all liaison with Social Work Departments and Children's Panels and is a member of the assessment teams which advise the Panels. There is close collaboration with the child psychiatric service, with educational psychologists contributing to the work of the psychiatric clinic and the child psychiatrist having a regular commitment to the units for maladjusted children.

There is a considerable commitment to the idea of prevention and early intervention. Programmes for parents of pre-school children who are educationally disadvantaged have been provided for several years. Preparation for parenthood courses have been offered to a few secondary schools on a small-scale experimentatal

basis and members of the teaching staff in these schools are now taking over responsibility for the courses. The Child Guidance Service will provide in-service training, an advisory service and teaching resources. Screening techniques for identifying school entrants 'at risk' are being tried out to discover their effectiveness.

Current and recent research projects have included: pre-school programmes for the educationally disadvantaged; the effectiveness of structured programmes for profoundly mentally handicapped children; the effects on families, especially siblings, of having a mentally handicapped child; children's cognitive experiences in a nursery school setting in relation to their performance on cognitive tests; effects of parent counselling on children receiving remedial reading; a survey of the attainments and adjustment of deaf pupils in ordinary schools; a survey of the opinions of parents of severely handicapped children.

The education officers see the psychologist as having an overview of education and have requested opinions on a wide range of topics. These include provision for mentally handicapped children; nursery schools with a capability for including a number of handicapped children who could not attend other nursery schools; development of plans for maladjusted children; plans for remedial education; provision for disadvantaged children; plans for school buildings; resource centres in schools; educational technology.

Any prediction about the future of Child Guidance must take account of the supply and training of recruits. Present requirements are a degree in psychology, teacher training and a postgraduate degree in educational psychology. It is believed that length of training and lack of a satisfactory career structure have been deterrents to recruitment. Unfortunately, psychologists themselves have difficulty in speaking with a single voice as they belong to several professional organizations.

Many members of the profession envisage for the future a community psychological service providing a service to the education, social work, health and other authorities, dealing with the problems of the aged as well as those of childhood and making a comprehensive contribution to the well-being of the community. In such a service psychologists other than educational psychologists would have their part to play.

Bibliography

The CHRONICALLY Sick and Disabled Persons Act, 1974.
CLARK, Margaret M, and Mackay, Thomas A W N (1976), *Ascertainment for special education in Scotland*, University of Strathclyde.

DEPARTMENT of Education and Science (1968), *Psychologists in education services*, HMSO (Summerfield Report).
DEPARTMENT of Education and Science (1955), *Report of the committee on maladjusted children*, HMSO (Underwood Report).
DONACHY, W (1976), 'Parent participation in pre-school education', *British Journal Educational Psychology*. 46.
EDUCATION (Mentally Handicapped) (Scotland) Act, 1974.
EDUCATION (Scotland) Act, 1946.
EDUCATION (Scotland) Act, 1962.
EDUCATION (Scotland) Act, 1969.
KEIR, G (1952), 'A history of child guidance', *British Journal Educational Psychology*, 22.
McCALLUM, C (1952), 'Child guidance in Scotland', *British Journal Educational Psychology*, 22.
PRINCIPAL Psychologists of Scotland (1972), *Child guidance services: the future.*
SCOTTISH Central Committee on Primary Education (1974), *Remedial education in the primary school*, HMSO.
SCOTTISH Education Department (1950 A), *Pupils who are defective in hearing*, HMSO.
SCOTTISH Education Department (1950 B), *Pupils who are defective in vision*, HMSO.
SCOTTISH Education Department (1951 A), *Pupils with physical disabilities*, HMSO.
SCOTTISH Education Department (1951 B), *Pupils with mental or educational disabilities*, HMSO.
SCOTTISH Education Department (1951 C), *Pupils handicapped by speech disorders*, HMSO.
SCOTTISH Education Department (1952), *Pupils who are maladjusted because of social handicaps*, HMSO.
SCOTTISH Education Department (1954), *The Special Educational Treatment (Scotland) Regulations*, HMSO.
SCOTTISH Education Department (1955), *Degrees of mental handicap*, HMSO.
SCOTTISH Education Department (1964), *Ascertainment of maladjusted children*, HMSO.
SCOTTISH Education Department (1967), *Ascertainment of children with hearing defects*, HMSO.
SCOTTISH Education Department (1969), *Ascertainment of children with visual handicaps*, HMSO.
SOCIAL Work (Scotland) Act, 1968.

XII

SPECIAL EDUCATION IN ABERDEEN 1945-75

J P Forsyth and J D Nisbet

The period from 1945 to 1975 was one of remarkable growth in provision for Special Education in Scotland. The provision for Special Education in Aberdeen during this period was the subject of a recent report,[1] of which this is a highly condensed account. It was a time of growing national concern for social welfare, and other areas may have stories with similar features. But in Aberdeen development anticipated rather than followed national legislation and reports; and the availability of detailed records and the fact that in 1975 almost all those who had been key participants in the development were still alive and accessible for interviews, prompted an analysis of the process. Twenty people, teachers and headteachers, administrators, councillors, social workers, medical officers and others, all of whom had been closely involved in Special Education in the city over this period, agreed to recall their aspirations and priorities and strategies. The records of the City Education Department were searched to check and complement these personal histories. The full report is in three parts: Part 1 gives a factual account of events; in Part 2 the story as each of the participants saw it is presented in summary form in their own words; and a concluding Part 3 aims to analyse and interpret the events within a more general conceptual framework.

WHAT HAPPENED, AND WHY

In 1945 provision for Special Education in Aberdeen was scanty, a day and residential school for about 30 deaf pupils and a day school for about 200 mentally or physically handicapped. The former was housed in a converted dwelling-house, the latter in two discarded primary school buildings a mile apart, the conditions

1. The full report — *Provision for Special Education in Aberdeen 1945-1975, A Case Study in Educational Development*, by J P Forsyth and J D Nisbet, with the assistance of J McKinnon (Department of Education, University of Aberdeen, 1976) — is available from the Scottish Council for Research in Education, 16 Moray Place, Edinburgh EH3 6DR, or from the Department of Education, King's College, Aberdeen AB9 2UB.

"gloomy and primitive", "Dickensian but very couthy". Neither school was high in public or professional esteem. The next thirty years saw a very considerable development in the coverage and quality of the service and striking changes in public and professional attitudes. What happened, and why did it happen? The study aimed to identify the factors which affected the progress and pace of development.

In 1945 a newly coopted member of Aberdeen Education Authority showed great interest in handicapped children and was soon appointed Convener of the Special Schools Sub-Committee. She visited the schools, "was appalled", pressed for action, and sought and obtained the support of key members. By 1950 the Authority were proposing to build a new Special School in a suburban estate, a larger school to cater for a wide range of handicaps and to do so on a regional basis. The Authority encountered opposition to their proposals from the Scottish Education Department, because a national Advisory Council had decided against large and multi-handicap schools. Nevertheless, Aberdeen's urgency and advocacy carried the day, and the new Beechwood School was opened in 1954, with accommodation for 500. But the Authority's hopes for the school were not immediately realised. The staff, conditioned to penury, did not exploit the possibilities of the new provision, the low esteem of Special Education in the eyes of head teachers and of the public was unaffected, and Beechwood had many empty places. It was into the 1960's before firm administrative action by the new Director of Education and the evolving of a positive educational policy by a new headmaster resulted in short-term and long-term measures which were to transform the situation. These included curricular changes within the school, out-of-school provision, and further education classes, with appropriate public relations exercises in each case.

From 1945 until 1957 Aberdeen's small three-teacher school for the deaf, restricted in aims and in accommodation, pursued an uneventful course under a stable and long-established staff. Adjustments in the city's primary school provision then made a large modern school building redundant, and the opportunity was seized to equip it as the teaching unit of Aberdeen School for the Deaf, with the old building becoming the residential unit. About the same time the headmistress retired. The new headmaster, a man of vision, recognised the needs of the children and their parents and saw the opportunities of the situation. Among many developments he inaugurated were guidance schemes for parents, the extension of the school to include nursery provision, and various schemes to

allow deaf children to be associated with hearing children in their education. He also drew the Authority's attention to inadequacies in the residential provision. Protracted discussions with the other ten northern Education Authorities ensued, and finally eight of them agreed to cooperate. A reconstructed and extended residential unit came into use in 1969.

In the mid and late forties there had been changes of administrative direction and there was no settled policy regarding the education of handicapped, difficult and backward children. An educational psychologist was appointed in 1944 and, as a quite separate establishment, a Child Guidance Centre in 1951. The educational psychologist was involved in the assessment for Special Education. Routine screening examinations (medical and educational) became established procedure for all children at ages seven and nine. The Child Guidance Service provided clinical help for children from ordinary schools with special problems, and out of this developed classes for maladjusted children, and, in 1972, when there came available a property originally acquired by the Town Council for another purpose, a day school for maladjusted primary pupils. By 1975 proposals had been approved for special provision for severely disruptive pupils in the secondary schools.

The last three paragraphs give the impression of three independent developments, and that is indeed part of the story. But there were developments in procedures and provision covering all three, arising, on the professional side, from changing attitudes to responsibility and from the growth of specialist knowledge and competence, and, on the public and parental side, from increased understanding, participation, and expression of demand. These developments are well exemplified in the fields of ascertainment and socialisation. Ascertainment, the official decision that a child is in need of Special Educational treatment, changed from a predominantly medical to a multi-disciplinary concern involving doctor, teacher, parent, psychologist. Realisation that early awareness of potential educational handicap both aided parental acceptance and facilitated professional treatment led to an 'at risk' register of pre-school children and increased provision for screening and for treatment in pre-school years, and culminated in Scotland's first pre-school Assessment Centre. Ascertainment as an irrevocable event had yielded to ascertainment as a period of continuous assessment leading to a tentative conclusion subject to continuing review. Since all this was with a view to the handicapped person participating as fully as possible in normal life, there was complementary extension of provision aimed at socialisation, the

introduction of the young person into adult society. At first teachers through voluntary efforts, then specially seconded health visitors, and latterly the new Social Work Department provided back-up services for handicapped pupils when they left school and entered (or would normally have entered) the world of work. From the 1950's the City's Youth Employment Service took great pains in the placing of the less severely handicapped pupil and various schemes were evolved for maximum ease in adjustment. Parental pressure arising from the needs of those too severely handicapped to be suitable for employment in normal industrial and commercial life led to a voluntary centre and ultimately to two publicly-provided and purpose-built Senior Occupational Centres. Voluntary organizations, some with public subsidy, catered for social and recreational needs.

This very brief outline cannot adequately portray the complexity of the process of change and the reader must be referred to the full report for the details of events and for the differing perspectives of the persons whose actions determined the pace of development. The remainder of this article is concerned with the analysis of the process of change and the attempt to set these events within a conceptual framework which may have a wider application to parallel developments in other areas.

THE DETERMINING FACTORS

It became apparent early in the study that each element of innovation had to pass through four stages:

(i) recognition — the awareness by some person or group that change was necessary or desirable

(ii) acceptance — the adoption of the principle of the change by some person or agency with the Authority to decide on action or the power to take action

(iii) implementation — the putting of the change into effect, the mobilizing of the resources of people and equipment necessary, the enlisting of essential support and cooperation

(iv) evaluation — the coming of the new feature under public and professional scrutiny, leading to its being abandoned, modified, or confirmed as part of the system.

At each stage variable factors came into play, and these accounted for differing success stories.

Recognition

Recognition, awareness of a need for change, was not the prerogative of any one person or one group. The stimulus for development could spring from a lay member of the Authority (in one case, for example, the Convener of the Special Schools Sub-Committee), from the administration (as in the establishment of the Child Guidance Service), from the specialist professionals (the 'at risk' register and the Pre-School Assessment Centre from the medicals, organized involvement of parents from the head teachers, provision for the maladjusted from the psychologists, post-school support services from the social workers and the youth employment officers), from parents and the interested public (the Senior Occupational Centres), or from the young people themselves (the kind of further education classes provided). There were three phases of influence. To begin with, the lay members of the Authority provided most of the stimulus; after a time the initiative came to lie mainly with the administration; latterly the Authority and the administration were responding to the specialist professionals in the field, and of parents and voluntary associations. The three phases were to some extent associated with personalities, and their interests and priorities, but they may be characteristic of any developing system which only gradually acquires its specialists. It was noticeable that in each of the phases there were instances of recognition arising in two significantly different ways. Desire for change could originate in mere discontent or dissatisfaction with the status quo; initiation so inspired could lead to precipitate action affecting long-term policy or ad hoc action placating an individual objector, but leaving the basic weakness in the system untouched. On the other hand, desire for change also came from the perception of a new idea, of a changed or a new objective, or a possible alternative method. Such stimulus was in contrast positive, creative, and constructive, though it did not invariably survive the test of practicality.

Acceptance

Both the slow and the rapid developments made clear that the acceptance of an idea for change was not a unilateral affair. In respect of major items of Special Educational provision, five groups were involved:

(i) the decision-makers — the Education Authority

(ii) the ratifiers — the Town Council (in respect of finance) and the Scottish Education Department (where Secretary of State approval was required in terms of legislation)

(iii) the professionals — the experts in the field, medical, educational, social

(iv) the agents — the teachers, the doctors and the social workers who had to implement the policy of the decision-makers

(v) the customers — the pupils and their parents.

Major policy developments called for a consensus of all five groups. The Beechwood development, slightly delayed by the Departmental ratifiers, hung fire during the 1954-58 period because of the holding back of the customers and some of the agents. The need for a Senior Occupational Centre was accepted by the professionals and urged by the customers for some years before the decision-makers were convinced. Smoother passages were obtained for other developments where full use was made of formal and informal channels of communication between the various interests before the point of decision was reached, as in the case of the partial integration of pupils of the School for the Deaf with pupils of a neighbouring primary school, where the decision-makers were the head teachers concerned, the ratifiers were the Director of Education and the Education Authority, the agents were the teachers involved, the customers were the parents, and the professionals were the doctors, psychologists and educationalists who judged the venture worth a trial.

Implementation

A decision of policy change, whether by the Education Authority or a head teacher, did not automatically come into effect. Implementation depended on certain variables:

(i) the validity of the hypothesis (for example, that mongols can be taught to read, or the relative educational advantages of the single-handicap and the multi-handicap school)

(ii) the availability of resources (financial considerations were one reason for ruling out several small schools rather than one large one when Beechwood was built, and fortuitous availability of premises determined the timing of the new schools for the deaf and for the maladjusted)

(iii) the degree of reinforcement (the system of early diagnosis and treatment depended on the health visitors provided by the Health Department)

(iv) the degree of counteraction (the opposition of local residents held up the provision of a Senior Occupation Centre) and occasionally

(v) statutory constraints (the raising of the school leaving age killed a work-experience scheme for 15-year-olds).

The Aberdeen experience suggests that all five factors may affect progress, but that only the first and the last are critical. The provision of new and expanded services was not allowed to wait the availability of fully qualified staff, of wholly suitably accommodation, of adequate expertise. It is worthy of notice that over the period counteraction, often strong at the beginning, became less common. Professional counteraction decreased as the multi-disciplinary approach grew. Customer participation became readier as medical, social and educational services fought to break down the stigma attached to the term 'handicapped'. It cannot be ignored that the handicapped are disadvantaged, but the period saw a shift of emphasis from their disabilities to their potential.

Evaluation

Evaluation of change may be by a specially mounted exercise, by the calling for reports on its working, or by the noting of public and professional reaction. Aberdeen used all three methods, but relied mainly on the last. This may be typical of an on-going educational service involving the welfare of individual children, where a total review of the situation, with the possibility of wiping the slate clean and starting afresh, is not possible. But the period does show major innovation as well as incremental change. If most of the time the Authority and the administration were reacting to practical situations rather than working out a grand conception, and this may smack of improvisation and expediency, the various contributing influences did have common aims which centred on the child. They aimed at a coverage extending to meet all recognised needs; sectional professional vested interests yielded to a growing consensus about the purposes of the interaction; and a changing outlook brought different and clearer objectives.

XIII

CURRENT PROVISION IN SPECIAL EDUCATION IN SCOTLAND[1]

A Milne

NUMBER OF CHILDREN RECEIVING SPECIAL EDUCATION

Nine categories of handicap are defined in the Special Educational Treatment (Scotland) Regulations 1954. These are:

(i) deaf pupils, that is to say pupils who, because of defective hearing, are without naturally acquired speech or language

(ii) partially deaf pupils, that is to say pupils whose sense of hearing is defective but who possess naturally acquired speech or language

(iii) blind pupils, that is to say pupils who have no sense of sight or whose sense of sight is, or is likely to become, so defective as to be of no practical value for reading or writing

(iv) partially sighted pupils, that is to say pupils whose sense of sight is, or is likely to become, defective but is, and is likely to remain, of practical value for reading or writing

(v) mentally handicapped pupils, that is to say pupils who have little natural ability

(vi) epileptic pupils, that is to say pupils who suffer from severe or frequent epileptic seizures or who, by reason of epilepsy, behave in such a way as to make it inexpedient that they should be associated with other children

(vii) pupils suffering from speech defect, that is to say pupils who suffer from defect or lack of speech not due to deafness or mental handicap

1. Unless otherwise indicated the statistics quoted in this article refer to the position as at 25th January 1974. These are the latest published figures available. The only major change likely to be noted in 1975 is the addition of approximately 1000 children who, until May 1975, had been excluded from educational provision on the grounds of their being 'ineducable and untrainable'. Following the Education (Mentally Handicapped Children) (Scotland) Act 1974 the education of these pupils became the responsibility of the Education Authorities.

(viii) maladjusted pupils, that is to say pupils who suffer from emotional instability or psychological disturbance

(ix) physically handicapped pupils, that is to say pupils who suffer from a physical disability which is, or is likely to be, permanent or protracted and which does not bring them within any of the foregoing categories.

Statistics in Table 1 show the numbers of children under each of the nine categories receiving Special Education. The table differentiates between boys and girls and between residential and day provision. It also shows the age of the children in Special Education at 1st January 1974.

Commentary

(i) These figures relate only to the children who have been ascertained as handicapped and are receiving Special Education in Special Schools and Classes. No reliable information is available regarding the number of handicapped children being educated in ordinary schools, nor is the number of children educated in independent Special Schools included. The statistics therefore do not reflect with complete accuracy the provision made.

(ii) The statistics show that 1.3% of Scottish children are educated in Special Schools and Classes. There is considerable variation from one Education Authority to another in the percentage of the school population in Special Education. A comparison of the figures from two Authorities of similar size and social composition shows one Authority ascertaining as mentally handicapped four times as many children as the other Authority. Factors such as policy on identification, provision of remedial education, the size of classes in the ordinary schools and the number of places available in Special Schools provide a partial explanation of the discrepancy.

(iii) A relatively small number of pre-school children (and these are almost exclusively in the categories of hearing and physical handicap) are receiving Special Education. Education Authorities have the power to ascertain children as handicapped under the age of five. Again the statistics

TABLE 1

Nature of handicap	Numbers on registers			Age at 1 January																
	Total	Resi-dent	Day	2 or under	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19 and over
Total boys:	7,452	587	6,865	5	26	44	159	277	406	559	752	785	883	912	877	855	802	68	20	9	13
Deaf	215	51	164	2	12	19	19	14	23	18	22	17	15	10	16	17	11	—	—	—	—
Partially deaf	171	16	155	—	2	5	13	9	10	16	18	15	21	15	20	12	13	2	—	—	—
Blind	78	68	10	—	—	1	3	2	2	8	6	6	8	9	6	7	10	4	4	2	—
Partially sighted	117	9	108	—	2	—	3	7	7	12	12	7	6	16	16	15	5	6	2	1	—
Mentally handicapped in Special Schools	4,770	80	4,690	—	1	7	44	112	196	335	477	537	622	630	643	591	557	17	—	1	—
Mentally handicapped in Occupational Centres	1,070	—	1,070	—	—	2	38	85	100	93	119	92	105	115	94	85	102	19	5	3	13
Epileptic	33	—	33	—	—	—	—	2	2	1	2	—	2	7	3	8	5	1	—	—	—
Suffering from speech defect	9	—	9	—	—	—	—	—	3	2	—	1	—	—	1	2	—	—	—	—	—
Maladjusted	323	199	124	—	—	—	1	8	23	29	34	49	38	25	19	46	38	7	6	—	—
Physically handicapped	666	164	502	3	9	10	38	38	40	45	62	61	66	85	59	72	61	12	3	4	—
Total girls:	5,274	301	4,973	2	19	40	125	233	282	389	468	558	573	595	694	577	629	48	15	8	19
Deaf	200	63	137	1	7	18	22	23	14	12	18	20	16	12	11	14	12	—	—	—	—
Partially deaf	160	10	150	1	1	7	8	14	17	15	9	12	19	17	9	10	19	2	—	—	—
Blind	52	44	8	—	—	—	2	2	2	2	7	1	5	3	7	5	9	1	4	1	1
Partially sighted	78	7	71	—	—	—	5	4	4	3	12	6	10	8	8	9	4	3	2	—	—
Mentally handicapped in Special Schools	3,455	39	3,416	—	—	3	45	77	141	245	314	392	401	440	499	425	443	22	2	3	3
Mentally handicapped in Occupational Centres	806	—	806	—	—	4	22	71	76	67	69	84	70	67	94	73	78	11	3	2	15
Epileptic	24	—	24	—	—	—	—	1	—	1	—	1	—	8	5	2	6	—	—	—	—
Suffering from speech defect	2	—	2	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—
Maladjusted	75	45	30	—	—	—	—	3	2	4	6	10	11	4	14	13	8	—	—	—	—
Physically handicapped	422	93	329	—	11	8	21	38	26	40	33	31	41	35	47	26	50	9	4	2	—
Total boys and girls:	12,726	888	11,838	7	45	84	284	510	688	948	1,220	1,343	1,456	1,507	1,571	1,432	1,431	116	35	17	32
Deaf	415	114	301	3	19	37	41	37	37	30	40	37	31	22	27	31	23	—	—	—	—
Partially deaf	331	26	305	1	3	12	21	23	27	31	27	27	40	32	29	22	32	4	—	—	—
Blind	130	112	18	—	—	1	5	4	4	10	13	7	13	12	13	12	19	5	8	3	1
Partially sighted	195	16	179	—	2	—	8	11	11	15	24	13	16	24	24	24	9	9	4	1	—
Mentally handicapped in Special Schools	8,225	119	8,106	—	1	10	89	189	337	580	791	929	1,023	1,070	1,142	1,016	1,000	39	2	4	3
Mentally handicapped in Occupational Centres	1,876	—	1,876	—	—	6	60	156	176	160	188	176	175	182	188	158	180	30	8	5	28
Epileptic	57	—	57	—	—	—	—	3	2	2	2	1	2	15	8	10	11	1	—	—	—
Suffering from speech defect	11	—	11	—	—	—	—	—	3	2	—	2	—	1	1	2	—	—	—	—	—
Maladjusted	398	244	154	—	—	—	1	11	25	33	40	59	49	29	33	59	46	7	6	—	—
Physically handicapped	1,088	257	831	3	20	18	59	76	66	85	95	92	107	120	106	98	111	21	7	4	—

1. There are 2,581 pupils (1,570 boys and 1,011 girls) with more than one handicap. These have been included against the handicap which is the more severe or most severe.

do not show the number of handicapped children receiving education in other forms of pre-school provision.

(iv) For all categories the statistics show that the number of boys ascertained as handicapped exceeds the number of girls so ascertained. The outstanding category in this respect is 'maladjusted' where the number of boys is four times that of girls. The age distribution for this category points to the ascertainment of many children as maladjusted at the secondary school stage. A similar but less marked trend is noted in respect of the physically handicapped.

(v) The bulk of handicapped children enter Special Education after a period of at least two years in the ordinary school.

(vi) An increasing number of handicapped children are staying on at school beyond the age of 16 either to take SCE examinations (see Table 5) or as in the case of the mentally handicapped because there is no alternative post-16 provision.

NUMBER OF SPECIAL SCHOOLS AND CLASSES

Several Special Schools in Scotland cater for more than one handicap. This is explained in part by the fact that many children are multi-handicapped, in part by a policy in some Education Authorities to concentrate scarce and expensive resources in one building and in the less densely populated areas to create a unit of viable size.

Commentary

(i) Special Schools are not in general large establishments. Only one has a roll in excess of 400 and most have fewer than 100 pupils.

(ii) In addition to the above, there were in January 1974 64 schools for the severely mentally handicapped (known then as Junior Occupational Centres) with 1,876 pupils on the register and after May 1975 37 establishments for profoundly mentally handicapped previously run by the Social Work Departments or Health Boards were transferred to Education Authorities. In 18 hospitals education is provided for the profoundly mentally handicapped: but many such

children in mental deficiency hospitals and at home are not yet receiving any education.

(iii) In the past five years 24 new purpose-built Special Schools were completed: 46 in the past 10 years. The current Special Schools building programme runs at approximately £2m per year.

TABLE 2

Category of school	*Schools or departments* (1)	*Pupils on register* (2)
Blind	1	100
Part-sighted	1	76
Blind and part-sighted	2	66(7)
Deaf	2	196(6)
Part-deaf	4	225
Deaf and part-deaf	5	146(1)
Blind, deaf and part-deaf	1	110
Maladjusted	16	384
Epileptic	1	31
Mentally handicapped	110	5,058(40)
Physically handicapped (including spastic)	9	422(9)
Mentally handicapped and physically handicapped	12	1,947(10)
Mentally handicapped, physically handicapped and part-sighted	3	508
Part-deaf, part-sighted, mentally handicapped and physically handicapped	2	336(4)
Deaf, part-deaf, part-sighted, mentally handicapped, physically handicapped and spastic	1	252
Mentally handicapped, physically handicapped, part-sighted, part-deaf and epileptic	2	301(5)
Blind, part-sighted, deaf, part-deaf, maladjusted, epileptic, spastic, mentally handicapped and physically handicapped	2	692(1)
Total	174	10,850(83)

Notes

(1) Excludes Occupational Centres.

(2) Entries in brackets show the number of pupils included in the total who have a different handicap from that indicated by the category of the school.

TABLE 3

Category of school	*Schools or departments*	*Qualified teachers* (1)	*Teaching staff* (2)	Pupil-teacher ratio *Qualified teachers*	Pupil-teacher ratio *Teaching staff*
Blind	1	19.8	25.1	5.1	4.0
Part-sighted	1	12.4	13.5	6.1	5.6
Blind and part-sighted	2	7.1	8.1	9.3	8.1
Deaf	2	40.1	41.1	4.9	4.8
Part-deaf	4	39.9	39.9	5.6	5.6
Deaf and part-deaf	5	35.0	35.0	4.2	4.2
Blind, deaf and part-deaf	1	22.3	23.7	4.9	4.6
Maladjusted	16	77.5	80.4	5.0	4.8
Epileptic	1	3.0	3.1	10.3	10.0
Mentally handicapped	110	446.0	469.6	11.3	10.8
Physically handicapped (including spastic)	9	42.3	66.6	10.0	6.3
Mentally handicapped and physically handicapped	12	177.7	186.9	11.0	10.4
Mentally handicapped, physically handicapped and part-sighted	3	48.6	50.5	10.5	10.1
Part-deaf, part-sighted, mentally handicapped and physically handicapped	2	31.9	34.9	10.5	9.6
Deaf, part-deaf, part-sighted, mentally handicapped, physically handicapped and spastic	1	33.5	33.5	7.5	7.5
Mentally handicapped, physically handicapped, part-sighted, part-deaf and epileptic	2	35.7	35.8	8.4	8.4
Blind, part-sighted, deaf, part-deaf, maladjusted, epileptic, spastic, mentally handicapped and physically handicapped	2	66.1	69.2	10.5	10.0
Total	174	1,138.9	1,216.9	9.5	8.9
Junior Occupational Centres: severely mentally handicapped	64	15.3	219.6	Pupil-staff ratio 8.5	

Notes

(1) Full-time and full-time equivalent of part-time (including visiting) qualified teachers are those holding a Scottish teaching qualification with or without a special qualification to teach handicapped pupils.

(2) Full-time and full-time equivalent of part-time of both teachers (including visiting) and instructors (trained and untrained).

STAFFING

The table opposite shows the number of teachers and instructors employed in the schools listed in Table 2.

Commentary

(i) Fifty-five per cent of the teachers in Special Schools and Classes possess a specialist qualification to teach handicapped children (see Table 4).

TABLE 4

Teachers in Special Schools with/without Special Qualification (as at Jan. 1974)

School	*With Qual. (FTE)**		*Without Qual. (FTE)**		*Total*
Education Authority	557.8	54.0%	475.3	46.0%	1033.1
Grant-aided	70.3	66.4%	35.5	33.6%	105.8
EA + GA	628.1	55.1%	510.8	44.9%	1138.9

* FTE = Full-time equivalent.

(ii) In session 1974-75 83 teachers were seconded by Education Authorities on the one-year qualification course offered by five Scottish Colleges of Education (Aberdeen, Dundee, Moray House in Edinburgh, Jordanhill and Notre Dame in Glasgow). In addition eight teachers were enrolled on the course leading to a special qualification as a teacher of the deaf and three teachers were presented for the qualification offered by the College of Teachers of the Blind.

(iii) A new one-year qualification course for instructors in schools for the severely and profoundly mentally handicapped was introduced in 1975 at Langside Further Education College in Glasgow and at Lauder Technical College in Dunfermline. A combined total of 23 completed the course.

(iv) A considerable increase in the number of teachers employed in schools for severely mentally handicapped has been noted in session 1975-76.

ATTAINMENTS

Attainments in Ordinary and Higher grade in SCE examinations in session 1974-75 by pupils ascertained as handicapped and educated in Special Schools were as follows:

SCE Examinations 1975

TABLE 5

	Ordinary		*Higher Grade*		
Category of handicap	*Presentations*	*Passes*	*Presentations*	*Passes*	*Compensatory O-grade passes*
Blind	29	24	25	14	9
Deaf	5	3	—	—	—
Physically handicapped/ partially sighted	108	92	20	13	3
Maladjusted	81	72	22	10	6
Total	223	191	67	37	18

Commentary

It has been the practice over a number of years for pupils in schools for the blind and for the maladjusted to be presented for SCE examinations but only since 1972 have pupils ascertained as deaf, physically handicapped and partially sighted been presented in any numbers. Candidates are presented in some 12 subjects.

CHILD GUIDANCE SERVICE

The Child Guidance Service in Scotland has a staff of 215 full-time and 20 part-time educational psychologists as at 31 July 1975. The number of children seen in session 1974-75 is as follows:

Commentary

The child psychologists ratio is 4093:1 with a range from 1600:1 to 6200:1. The larger ratios relate to the Highlands and Islands

TABLE 6

Assessment followed by:	Born in year 1971 or later		Born in years 1967-1970		Born in years 1963-1966		Born in years 1959-1962		Born in year 1958 or earlier		TOTAL	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
(a) Advice only to school or parents.	294	130	3135	1669	3057	1335	1453	824	204	78	8145	4036
(b) Report to Social Work Department.	12	5	36	23	206	45	1036	381	148	25	1440	479
(c) Report to Children's Panel.	—	—	10	9	195	69	552	231	48	30	805	339
(d) Treatment by psychologist apart from those included in (e) below.	56	29	881	357	986	347	772	456	41	20	2736	1209
(e) Remedial education. (i) in a Child Guidance Clinic.	1	7	157	73	432	178	138	90	5	4	733	352
(ii) within the school.	—	—	1731	910	2776	1423	251	120	7	2	4765	2455
(f) Placement in a Special School or hospital.	24	25	477	319	357	219	166	121	19	6	1023	690
Continuing treatment from previous years.	14	10	831	444	2404	952	1358	652	134	85	4761	2143
Reviewed following placement in a Special School or Class at the request of:												
(a) Parents	—	—	6	8	28	16	24	18	1	2	59	44
(b) School	—	—	21	27	99	65	134	117	6	8	250	217
(c) School Medical Officer	2	—	12	15	24	14	22	10	3	—	63	39
(d) Routine review.	2	2	109	74	325	162	434	248	60	71	930	557
										TOTAL	25,710	19,560
											38,270	

Note
3058 children (1946 boys and 1062 girls) were referred but were not dealt with in any way. Their names were placed on a waiting list for treatment later.

areas. The target figure for the number of educational psychologists employed in Scotland is 300 by 1980.

ADVISERS IN SPECIAL EDUCATION AND HM INSPECTORATE

As at May 1975 one Education Authority had appointed an adviser and an assistant adviser in Special Education, another Authority had an adviser and a third had appointed a coordinator of Special Educational services (Special Schools, remedial education service and the Child Guidance Service). The Scottish Education Department had two HM Inspectors of Schools employed full-time in the field of Special Education.

XIV

FUTURE DEVELOPMENTS IN SPECIAL EDUCATION IN SCOTLAND

J R Calderwood

Looking into crystal balls can be a pointless pursuit in education. Governments, national and local, change shape and course too often to lay odds with peace of mind. There has, however, been a steady process of evolution within the sector since 1945 which points to the likely emergence of particular developments over the next 15 to 20 years. The prototypes are already on the ground and the following predictions, stated briefly for effect, are elaborated in subsequent paragraphs:

(i) Specially Schools for the mentally handicapped will be small, local, 'omnibus' and very closely integrated with the working of ordinary schools

(ii) Ordinary schools will cater for a substantially greater proportion of handicap than they are able to at present

(iii) Expectations of the mentally handicapped, particularly the severely mentally handicapped, will be raised quite dramatically and especially in the field of language/communication skills

(iv) Individualised learning and the applications of technology will require teachers in Special Schools to become among the most skilled and best qualified in the field

(v) Support services for parent and child will undergo accelerating expansion

(vi) Multi-disciplinary field work will acquire a much sounder base and will make increasing use of parents and voluntary groups

(vii) Educational effort at the pre-school stage will receive a major share of any resources available for growth

(viii) The training of teachers will alter to allow direct entry into Special Education and an easy interchange of teachers between ordinary and special facilities

(ix) At both central and local government level efforts will be made to coordinate the planning of facilities for the handicapped

(x) Education for the moderately and severely mentally handicapped will continue over a 46-week session.

SCHOOL PROVISION

Special Schools will be small in roll (maximum 70-80) because Authorities will pay increasing attention to what deserves to be called special about Special Education. They will focus on the success with which an individual's atypical needs can be accurately diagnosed and catered for with attention to fine detail. The essence of the special element is the extent to which the individual pupil can be made to feel specially gifted and specially cared for — a kind of Hawthorne Effect which is difficult to sustain within a large establishment. The Plowden principle of positive discrimination is at the heart of Special Education and carries with it all the dangers of labelling and patronisation.

Why Special Schools will be local is not unrelated to the question of size. It does not greatly matter how amorphous is the catchment area of a Special School if you place little emphasis on parental involvement, community perceptions or community education. If, however, you wish to influence a community to accept all its children as part of its heritage and future you locate the facilities close to home and make them as coterminous as possible with those of the ordinary neighbourhood schools. If the local primary and secondary already share the same campus then that campus is the ideal place for the Special School facilities.

The former Day Care children deserve their place within such facilities on three main grounds:

(i) They are now fully the responsibility of the Education Authority and require at least parity of resources

(ii) They have much more in common with former Junior Occupational Centre children than we perhaps realise as yet

(iii) The insights that flow from our attempts to provide for them a suitable educational diet will not be so easily spread throughout Special Schools if the former Day Care Centres remain provision apart. Common justice and economy point strongly to the omnibus Special School as the main form of provision for the mentally handicapped in the future.

I would envisage that any advances which are made in the education of the profoundly deaf would follow these three key principles of size, locality and integration. Any new facilities for the deaf which emerge in Scotland should take the form of a specialised unit integrated into the site and life of a secondary/primary complex. The qualified teachers of the deaf, based in the unit, would work alongside the teachers in the ordinary school. Obviously the catchment area of such a school would be wide but even if it were regional the contact of children with parents and parents with school would be greatly enhanced and the opportunity of developing viable certificate education for the profoundly deaf would be greatly increased.

EXPANSION OF THE SKILLS OF 'ORDINARY' SCHOOLS

This is not a development which will be fully evolved over the next 15-20 years. It requires a considerable re-deployment of resources and major changes of attitude on the part of teaching staffs in ordinary schools. Yet a mixture of carrots and sticks will enable primary and secondary schools to cater with skill for the needs of as many as 30% of the children presently educated in Special Classes. One of the major incentives necessary will be a considerable injection of funding into remedial education, support services and curriculum development for the less able. It is difficult to see such a trend prejudicing the commitment developed in many secondaries to a common course and mixed ability teaching. It will impose considerable strains on the timetabling skills of certain secondaries and a further erosion of the position of the narrow subject specialist.

Most Authorities will resist any continuing drift towards segregated facilities for the emotionally disturbed, maladjusted or plain disruptive. The economies of equipping the ordinary school to tolerate, cope with and anticipate the needs of a wider spectrum of deviance (or normality) will be increasingly recognised. List 'D' schools will be integrated into local authority provision and will function as schools for the maladjusted. They will have strong working links with the ordinary schools from which they draw such that the ordinary school's responsibilities do not cease on referral.

If Regions remain and Education Departments remain within the ambit of local government (each a very big if) each Region should develop a self-sufficiency in the field of treatment for the

maladjusted. The range of treatments will be more finely graduated than at present and the number of residential places may well be proportionately less than at present.

EXPECTATIONS

Research findings on the learning potential of the mentally handicapped will find practical application through the efforts of centres such as the Hester Adrian. Teachers and educational psychologists working closely with parents on the construction of educational programmes will attain targets with the severely mentally handicapped that would be dismissed today as unrealistic. We shall look back on the programmes followed yesterday by children in Junior Occupational Centres as unambitious and lacking in structure.

Our greatest breakthroughs will come in the field of language. We already know how crucially it is linked, with critical early periods, to the development of cognitive skills and we will almost certainly advance our ability to promote its growth and combat specific difficulties. The supply of an adequate number of speech therapists from Health Boards will be essential and pressure on Health Boards can be anticipated from a variety of quarters in the near future. Most local Authorities will establish language development units able to supply intensive treatment to a range of language disorders and deficits and some of these will be residential, enabling children to be immersed in a rich environment carefully calculated to accelerate the growth of language skills. Accommodation will be provided for parents so that they can contribute to and follow up on such 'total push' situations by acquiring essential skills themselves.

INDIVIDUALISED LEARNING

The teaching staffs of Special Schools will have to take the emerging technology of education and apply it meaningfully to the needs of their clients. The techniques of skilled diagnosis and assessment of assets and liabilities are already more prominent in their training and everyday repertoire of skills. A judicious application of the techniques of behaviour modification, programmed learning and teaching through behavioural objectives is more likely to take place in Special Schools than in other sections of education. Micro-teaching as a training technique is highly likely to find its most profitable applications in relation to the parents of the mentally handicapped as well as the children themselves. If you are

looking in 20 years for the most imaginative and profitable use of both the hardware and software of educational technology you will turn to the Special Schools.

SUPPORT SERVICES

A start will be made in relation to the parents of the severely mentally handicapped. Every Education Authority will develop a network of 'service engineers' (the name is unimportant) who have the following main functions:

(i) To coordinate and channel to the parents of the handicapped a consensus of advice provided by a multi-disciplinary team

(ii) To channel existing services to the parent and press for the generation of new services where necessary

(iii) To act as link between parents and school and between parent and parent.

Such an intermediate role could be filled successfully by a health visitor or social worker of the right calibre and training. I admit to prejudice in preferring a teacher. I see the school as the natural focal point for many services to parent and child. Special Schools may well carry an additional member of teaching staff allowing a small number of experienced teachers to fill this role for a caseload of children. The advantage in using a specially trained teacher is that such a person can fulfil the essential three functions and additionally provide training in concrete educational skills. It should become the norm for such a person to begin contact as soon as possible after initial assessment and to maintain that contact over the pre-school years and throughout the child's schooling. It may be desirable to phase in a new 'engineer' as the child is nearing the end of formal schooling, possibly with a social work background.

MULTI-DISCIPLINARY FIELD WORK

I take it for granted that all Authorities will develop rigorous pre-school assessment procedures of an inter-disciplinary type, whether or not they decide that purpose-built premises such as the Raeden Centre are necessary for this end. All Education Authorities will take great pains to ensure that the regular convening of such inter-disciplinary teams is a fact of life in Special Schools and one of the main ingredients in the re-assessment of all pupils. With joint planning of the type envisaged (see *Joint Plan-*

ning — p. 132), Health Board clinic facilities should more commonly be located within school premises.

A greater utilisation of the potential of parents should go hand in hand with a greater involvement of the community generally in the process of Special Education. Genuinely local facilities may be better able to tap the reservoir of skilled goodwill which lies on their doorstep.

PRE-SCHOOL FACILITIES

Education Authorities will themselves develop a fuller range of pre-school facilities offering considerable help in resources, training, premises and advisory services to the pre-school playgroup movement, responsibility for which should transfer to the Education Authority. It should further be the norm that a proportion of nursery schools will alter their hours of opening and pattern of care to meet the needs of working mothers. The range of provision should stretch from facilities catering purely for a specific and severe handicap to ordinary nursery schools and playgroups suitably strengthened to admit a quota of handicap. More than one type (including the voluntary sector) may be established in contiguous premises to ensure the economic use of resources. The law giving Education Authorities the discretion to provide education for the handicapped from age two onwards will be changed to make it a duty on the Authority to provide suitable educational treatment at any age following the joint ascertainment of severe handicap by Health Board and Education Authority. The powers of the Education Authority to require a parent to submit his child to examination will be extended below age two. This duty will then be extended upwards from severe to moderate degrees of handicap, many Authorities remaining in advance of legislation in their provision.

TEACHER TRAINING

It will become easier for teachers of quality and commitment to enter the field of Special Education without prejudice to their future professional development. All teachers training for primary schools in their first two years will have incorporated in their course more substantial insights into the nature and treatment of handicap. Selected students will be able to branch off at the end of their second year to a one-year course preparing them for a career in a Special

School. (Such students could share part of this module with generally trained teachers acquiring a qualification by the present 'conversion' method). Registration for such students will, as now, follow two years of satisfactory probation. Following registration they could choose to complete the final module of primary training and qualify to teach additionally in a primary school. A more likely and widely available option will be a one-year module of advanced training for experienced teachers in Special Schools. Four-year trained teachers will be given the profession's highest basic scale of payment.

It will be a condition of service of all teachers working solely in Special Schools that they accept secondment to a post in an ordinary school for a minimum of one term every five years. Authorities will use such an interchange scheme for a variety of purposes, for example:

(i) To ensure that there is cross-fertilisation between sectors

(ii) To attract into Special Schools teachers of quality who require to test their stamina and commitment against the realities of the work.

JOINT PLANNING

Some of the disjointed efforts presently passing for planning at local government and central government levels will have faded into limbo in 15 years. The recently established Programme Planning Groups of the Health Boards will become more closely related to the local Authority regional plans and policy budgets only if encouragement and incentives are forthcoming from central government. The earmarking of resources by the Home and Health Department, the Scottish Education Department and the Social Work Services Group for collaborative developments will not be enough to ensure that planning is reasonably in kilter and financial allocations synchronised. There is sadly more cause for pessimism in this sphere than in any of the others.

CONTINUOUS TEACHING SESSIONS

Parents of the severely mentally handicapped will be offered a continuous school year with no major holiday gaps (and over 90% will accept). Teachers and their professional colleagues in such Special Schools will move to a system of staggered holidays

enjoying no less of a total holiday entitlement than their colleagues in other sectors. This pattern of school session will be extended gradually to all groups of handicapped likely to suffer regression through lack of sustained educational effort. Each local Authority will operate in addition a system of residential relief placements enabling the parents of severely handicapped children to enjoy relief from stress at a holiday period or other critical time.

Some of these developments may not materialise within the next 15 years due to continuing constraints on resources. There may be a very healthy divergence of pattern, e.g. on school provision, both between Authorities and within a single Authority. The Warnock Committee's review of Special Education in the U.K. will lend weight to developments in some of the directions indicated above and perhaps suggest major innovations that no authority has contemplated, e.g. within the field of further education.

In 20 years we may well be preoccupied with a series of sophisticated types of handicap as we discover more about the multidimensional nature of deprivation and its effects on the learning process. What passes for normal in school and society in 20 years will almost certainly look distinctly odd to those of us still around with today's perspectives.